Public Health Commissioner
with the Government of India
Annual Reports
1941 to 1945 and
Statistical Appendices for 1940-1944

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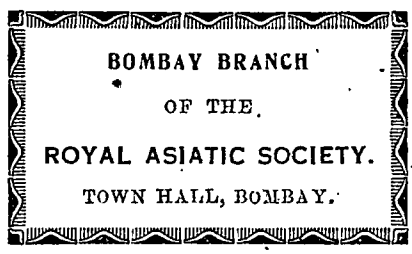


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# ANNUAL REPORT

OF THE

# PUBLIC HEALTH COMMISSIONER

WITH THE

# GOVERNMENT OF INDIA

## FOR 1941 and 1942

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# Annual Report of the Public Health Commissioner with the Government of India for 1941-42 and 1942

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KEY
MAP OF INDIA
(SHOWING PROVINCES AND DISTRICTS).
REFERENCE
REFERENCES
REFERENCES
Scale 1 Inch = 160 Miles.
Miles 160 120 80 40 0 160 320 480 Miles
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# Annual Report of the Public Health Commissioner with the Government of India for 1941 and 1942

## SECTION I

## INTRODUCTION

1. War conditions including reasons for security and shortage of paper have forced the Governments of many countries to curtail for the period of hostilities the size and detail of their national health reports. Circumstances in India have had a similar effect and it has been decided that this report will cover the two years 1941 and 1942. Shortage of health administrative staff in the Provinces and at the Centre have added to the difficulties of its preparation. Compression of the material covering two years activities into less than half the space normally devoted to one year has not been altogether easy. These facts should be borne in mind when this Report is read by those who are accustomed to studying the Annual Reports of the Public Health Commissioner. The statistical data for the two years under review has been compiled but will not be published until after the war.

The years under review witnessed the expansion of the war into a global affair and with the entry of Japan into the arena not alone was India profoundly affected by the course of international events but the country became an actual theatre of operations. The temporary end of Allied resistance in Burma, Malaya and the Dutch East Indies produced a series of problems connected with food supply, the supply of drugs and the care and housing of numerous evacuees all of which arose with dramatic suddenness. With the armed forces of Japan on our very frontiers it became necessary to arrange urgently for A. R. P. and for measures intended to deal with mass movements of population, both of which were undertaken by Provincial Governments under the direction of Central Government authorities set up for the purpose. Fortunately air attacks on Indian cities have been of a very sporadic nature and in no instance has anything in the nature of a blitz developed.

In any review of public health the incidence of the more readily preventable epidemic diseases is of importance and, accordingly the total deaths from cholera, plague and smallpox as reported in British India for the years 1941 and 1942 are given below and are shown in contrast with the quinquennial total.

| | 1941 | Quinquennial mean (1936—40) | 1942 | Quinquennial mean (1937—41) |
|---|---|---|---|---|
| Cholera deaths .. | 228,141 | 135,723 | 218,496 | 149,407 |
| Smallpox deaths .. | 59,307 | 64,088 | 27,137 | 54,988 |
| Plague deaths .. | 11,984 | 20,923 | 10,577 | 20,716 |
| Total .. | 299,432 | 220,734 | 256,210 | 225,111 |

The lesson to be drawn from the above table is there for all to see. It should be remembered that each of these three diseases represents a condition the control, if not the complete abolition of which can be achieved by the application of methods whose efficacy is beyond question. That they continue to flourish to the extent shown above is, therefore, a reflection on the extent to which preventive measures receive encouragement and financial support from health

administrations and cooperation from the public. It must also be remembered that the table only shows part of the picture and does not indicate the total of economic loss and human suffering still permitted to continue in this country through these preventable diseases.

The most important single disease in India is unquestionably malaria. It is, however, difficult to assess the real position as many provinces do not record malaria deaths separately and in those that do it is obvious that the returns are far from accurate. In those cases we rely on the mortality figures from "fevers" which include "other fevers" besides malaria. Judging from the above standards, over most of India in 1941 and 1942 there was no severe outbreak of malaria. The chief exceptions were the Punjab and Delhi.

In the Punjab in 1941 the total number of deaths recorded as from "fevers" was 528,635 while in 1942 in which year epidemic malaria was prevalent on account of heavy rains which fell during July and August, the recorded deaths from "fevers" amounted to 651,259. The magnitude of the epidemic is, however better realized when we consider the total attendances at hospitals and dispensaries which, in the Punjab in 1942, reached the huge total of 2,107,711 as compared with the five-yearly average of 994,568. In view of this it is gratifying to be able to record that the antimalaria organization in the province did good work.

Delhi province also recorded a fairly sharp epidemic as evidenced by the incidence of "fevers" which rose from a figure of 53,051 in 1941 to 155,922 in 1942. From the United Provinces also there came reports of severe malaria from many districts in the province, following on unusually heavy rains. The complexity of the antimalaria problem and the cost of permanent antimalaria measures combine to make the control of this disease one of the most difficult of the health problems of India. It is, therefore, gratifying to be able to record some progress in measures designed by the Malaria Institute of India to control malaria in rural areas. These show that it can no longer be held to be true that the obstacles in the way of controlling malaria are insurmountable and must be accepted with resignation. In the methods of spray killing of adult mosquitoes the Malaria Institute of India has put into the hands of health administrators in this country a means the development of which may well prove to be of fundamental importance in controlling India's Public Health Enemy No. 1. Much active research still remains to be carried out into the most efficient type of sprayer and the most efficient type of insecticide but enough has already been completed in this field to warrant the hope expressed above.

When reviewing the state of public health in any country one calls naturally for certain fundamental statistics and, therefore, there is included here a short statement showing the total births and total deaths in British India for the years 1941 and 1942 with the rates per mille for the respective years.

| | | | Rates per mille | |
|---|---|---|---|---|
| | 1941 | 1942 | 1941 | 1942 |
| Births .. .. | 9,425,671 | 8,714,555 | 32·1 | 29·4 |
| Deaths .. .. | 6,413,042 | 6,336,313 | 21·8 | 21·3 |

It will be seen that the general birth rate which for a number of years had remained steady at about 34 fell in 1941 to 32·1 and still further in 1942 to 29·4. This fall in the birth rate was common to all Provinces except Madras and the Central Provinces. Even allowing for the factors of accuracy in the registration of births and for the year to year variation in degrees of inaccuracy, there does not seem to be any doubt that in the years under review there was an appreciable fall. This is of particular interest in view of the world wide discussions on what is regarded as the increasing population pressure in India and the alleged failure of food supplies to keep pace with it. It is far too early to offer any suggestion regarding this recorded fall in the birth rate but the figures for 1943 will be awaited with interest.

Since the end of the decennium 1910—20 India's death rate has shown a steady downward trend and the recorded death rate for 1942 of 21·3 is the lowest in the history of the country. While the later pages in this report give details about the happenings in the different provinces, speaking of the country as a whole it can be said that up to the end of 1942 the general public health of the people of India had not been adversely affected by world events.

## SECTION II

### History of the Chief Diseases

### CHOLERA

2. **North-West Frontier Province.**—*In 1941* cholera first appeared in July in Kohat district introduced, probably, by Ghilzai Nomads coming from Afghanistan. From Kohat it spread throughout the province and persisted till December by which time all areas were free from infection. The total number of inoculations performed was 419,567.

*In 1942* the only outbreak was a small one in the Mensehra tahsil of Hazara district.

**Punjab.**—*In 1941* there was no *Kumbh* and *Adh Kumbh Mela*. Cholera, however, appeared, possibly introduced from the North-West Frontier Province and the United Provinces. The districts most affected were Lahore, Ferozepore, Attock, Rawalpindi and Dera Ghazi Khan. A total of 356,897 anticholera inoculations were performed. The Thanesar Sun Eclipse fair was held in September, a large number of pilgrims were inoculated and cholera did not appear either at the fair or on the dispersal of the pilgrims.

*In 1942* there were two small and localized outbreaks, one in Gurgaon district in June and one in Rohtak in July. Elsewhere a few sporadic cases were reported. A total of 46,666 inoculations were performed.

**Delhi.**—*In 1941* there was a small outbreak probably imported from the United Provinces, which started in the rural areas and spread to Delhi city. 39,354 anticholera inoculations were performed.

*In 1942* there was only one case of cholera which case occurred at Delhi Shahdara in May. 932 inoculations in the urban area and 480 in the rural area were performed.

**United Provinces.**—*In 1941* the disease was widespread. Districts most affected were Basti, Gonda, Jhansi, Banda, Allahabad, Partabgarh and Kheri. The epidemic reached its peak in June and July. A total of 1,625,326 anti-cholera inoculations were performed.

*In 1942* the disease continued to be widespread but outbreaks were more localized in all districts. Muttra, Jalaun and Naini Tal were the only districts to escape infection. The peak was reached in August when a total of 35 districts were affected. A total of 493,928 inoculations were performed.

**Bihar.**—*In 1941* the disease was present in sporadic form only in the first two months of the year in the districts of Gaya, Hazaribagh, Muzaffarpur, Monghyr, Bhagalpur, Purnea, Santal Parganas and Manbhum. Later all districts except Ranchi were affected, the disease persisting till November with a peak incidence in August. A total of 1,476,034 anticholera inoculations were performed.

*In 1942* the incidence continued to be heavy, the areas most affected being Patna, Gaya, Darbhanga, Purnea, Hazaribagh and Manbhum. The introduction of compulsory anticholera inoculation at Sitamarhi during the Ram Naumi festival was a forward step and favourably affected cholera incidence in Tirhut division. A total of 752,578 inoculations was recorded.

**Orissa.**—*In 1941* all districts were affected. Ganjam, Sambalpur and Angul suffered most while Sambalpur and Parlakimedi municipalities were also heavily attacked. The epidemic reached its peak in June and July in the Ganjam Plains where it had been present continuously from the previous year. In Sambalpur it started in March and tailed off in June. 546,266 anticholera inoculations were performed.

*In 1942* cholera was epidemic in the districts of Cuttack, Puri, Sambalpur and Ganjam Plains and present in a milder form in Balasore, Koraput and Ganjam Agency. Balasore experienced a cyclone but prompt precautions prevented a feared epidemic. A total of 354,181 inoculations were recorded.

**Bengal.**—*In 1941* all districts in the sub-division of Dacca, Chittagong and 24-Parganas were severely affected. Incidence was heavy also in Howrah, Khulna, Jessore, Murshidabad, Burdwan, Birbhum and Midnapore. Milder outbreaks were reported from all other districts except Darjeeling. As usual the epidemic appeared in two waves, one in the early part of the year and one in the last quarter, this latter being the worst. The Public Health Department deputed extra staff to help local authorities in the worst affected areas and large quantities of vaccine were supplied free. A total of 3,482,398 inoculations were performed.

*In 1942* the incidence was even higher than in 1941 and once more the disease showed its two epidemic waves, the second one being the most severe. All districts in Dacca and Chittagong sub-divisions were infected and the districts of Burdwan, Pabna, Bogra, Rangpur, Malda and Rajshahi were severely attacked. Incidence was also high in Bankura, Midnapore, Howrah, 24-Parganas, Jessore and Khulna. On October 26 a cyclone passed over Midnapore district and this disaster was followed by a severe cholera epidemic in spite of prompt preventive measures under the direct supervision of the Public Health Department. Anticholera inoculations totalled 3,678,551.

**Central Provinces.**—*In 1941* all districts were affected more than in 1940 except Betul where there were only three sporadic cases and one death in June. Local bodies engaged special staff and enforced temporary cholera regulations. Special facilities for anticholera inoculations were provided for persons going to Pandharpur fair. A total of 1,036,289 inoculations were performed.

*In 1942* with the exception of a few sporadic cases only in Mandla and Balaghat all districts were once more heavily affected. Chanda, Raipur, Bilaspur, Drug, Amraoti, Yeotmal, Akola and Buldana were the worst affected. The total number of anticholera inoculations performed during the year was 1,456,882.

**Bombay.**—*In 1941* cholera was severe and the highest mortality since 1931 was reported. All districts except Kanara were attacked in varying degree. In Ahmednagar, Poona, Nasik and Sholapur infection was carried over from the previous year. In Belgaum, West and East Khandesh, Satara, Bijapur and Dharwar the disease was also severe. Temporary staff was engaged and mobile units were formed also in some districts. At Pandharpur fair the entry of noninoculated persons was prohibited. Altogether 1,399,053 inoculations were performed.

*In 1942* there was some improvement though Dharwar, Belgaum, Bijapur, Panchmahal, Broach and East Khandesh all continued to be fairly severely infected. Ahmedabad, Bombay Suburban, Colaba and Ratnagiri were, however, free. 405,168 inoculations were performed this year.

**Sind.**—*In 1941* after the lapse of a decade cholera once more appeared in epidemic form. There were 3,152 deaths reported compared with 6,411 in 1929. Dadu was the first district infected and the disease spread thence along waterways. Special regulations were introduced and fairs were banned, consignments of fresh fruits, fish and sweetmeats were not allowed to be booked, and special staff was also engaged. Altogether 242,842 inoculations were performed during the year.

*In 1942* widespread floods caused anxiety but active precautions which were immediately adopted were successful and among the affected population there was not a single case reported. Altogether only two deaths were reported; so Sind was once more free. Inoculations recorded were 25,671.

**Madras.**—*In 1941* the incidence continued slightly higher than in the previous year, the Circar districts and Vizagapatam being affected in the first three quarters of the year. Later in the year Bellary, Anantapur and Kurnool were involved. A total of 910,000 inoculations were performed. Choleraphage was tried out in certain districts but no definite conclusions could be drawn from the statistical material available.

*In 1942* conditions throughout the province were inimical to public health and cholera was unusually severe and widespread. Contributory factors were a failure of the monsoon in some districts and heavy unseasonal rain in others along with population movements on account of the war. Early in the year an epidemic began in the ceded districts and when later on this subsided the southern districts flared up. North Malabar and South Kanara were the only districts to remain free from infection. A maximum record of anticholera inoculations—4·5 million in all was reached.

**Coorg.**—*In 1941* there was no cholera.

*In 1942* there was a small outbreak, infection coming in from Mysore State. Special measures were introduced and persons coming from infected areas in Mysore had to produce certificates of recent inoculation. A cattle fair at Sanivarsanthe was stopped under orders.

**Assam.**—*In 1941* the incidence of cholera was higher than that in 1940. Sylhet, Kamrup and Goalpara were the districts most affected, the disease persisting in the first of these throughout the year. The total number of anti-cholera inoculations performed during the year was 880,840.

*In 1942* still heavier outbreaks were reported and almost all districts were involved all the year. Burma evacuees and an influx of labourers from other provinces were contributing causes. The dearth of staff was a great hindrance to effective preventive measures as was the dislocation of communications. 1,079,884 inoculations were performed.

**Ajmer-Merwara.**—*In 1941* infection was said to be imported from Cawnpore and a small outbreak occurred. A total of 34,071 inoculations was performed.

*In 1942* there was again a small outbreak in Ajmer municipal area and the usual preventive measures were put into operation.

## PLAGUE

**3. United Provinces.**—*In 1941* the incidence was considerably lower than in 1940. Districts most affected were Jaunpur, Gorakhpur, Basti, Azamgarh and Benares. 117,031 antiplague inoculations were performed.

*In 1942* the disease was very mild and only ten districts were involved. 132,852 inoculations were carried out.

**Bihar.**—*In 1941* only three districts were attacked, namely Saran, Champaran and Muzaffarpur. In Bettiah town cyanogas operations are said to be the reason why the town was free from plague. A total of 3,339 inoculations were performed.

*In 1942* only Saran and Muzaffarpur districts were involved. The District Board at Saran is considering the adoption of Cyanogas operations which seem to have been so successful in Bettiah. 3,156 inoculations were performed.

**Central Provinces.**—*In 1941* the districts affected were Nagpur, Chhindwara, Betul, Jubbulpore, Saugor, Mandla and Hoshangabad. The incidence was heavy compared with 1940. Various antiplague measures including inoculation, evacuation and isolation were adopted. At Jubbulpore and Betul the authorities used Cyanogas Dust (A). Plague regulations were enforced temporarily in affected towns and villages. A total of 32,134 inoculations were performed.

*In 1942* infection was reported from Chhindwara, Jubbulpore, Saugor, Mandla and Hoshangabad. The usual antiplague measures were adopted and 5,450 inoculations were performed.

**Bombay.**—*In 1941* there was a small decline in infection as compared with 1940. The district most affected was Dharwar. Others involved included Belgaum, Bijapur, Kanara, Sholapur, Ratnagiri, Ahmednagar and Poona. Special preventive measures were adopted in Dharwar, Belgaum and Bijapur, the areas worst attacked. Mobile medical units were set up to enable Doctors to visit villages readily. A total of 332,437 inoculations was done. The Plague Recrudescence Enquiry continued its work throughout the year and the data collected confirm the view that the chief distributing centres of plague are the grain trading areas. The question of the spread of plague by wild rodents was also studied but it seems as if this is not likely to turn out to be an important contributory factor. Further studies were started in Dharwar district as there the climate is cooler than in Sholapur where the preliminary work was done.

*In 1942* the incidence fell considerably. Dharwar, Belgaum and Poona were the districts most affected while sporadic cases were reported from Kanara, Bijapur and Colaba. All other districts were free from infection. The field enquiry of the Plague Recrudescence Enquiry had to be wound up owing to difficulties as a result of the war. 19,611 inoculations were done.

**Madras.**—*In 1941* plague was slightly more prevalent than in 1940. Over 80 per cent. of the mortality reported occurred in the first quarter of the year. Bellary district alone accounted for 75 per cent. of the total deaths. Other areas affected were Anantapur, Salem, Kurnool, Coimbatore and South Kanara. 277,921 inoculations were performed.

*In 1942* there was a decline in incidence and districts adjoining Mysore territory were those most affected, e.g. the Nilgiris, Coimbatore, Salem and Bellary. Cyanogas operations carried out in previous years in certain areas had to be stopped on account of supply difficulties. Close cooperation with the Mysore State Health authorities was ensured through a conference with the Directors of Public Health, Mysore and Madras, assisted by the Collector and Health Officers of plague infected areas in these places. A total of 210,475 inoculations was done.

**Coorg.**—*In 1941* only sporadic cases were reported. Cyanogas fumigation was carried out and a total of 8,972 inoculations were done.

*In 1942* the disease appeared in four villages in North Coorg. It did not spread possibly because of protection afforded by recent antiplague inoculations. 3,720 inoculations were carried out.

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## SMALLPOX

**4. North-West Frontier Province.**—*In 1941* the district most affected was Hazara with 755 cases and 366 deaths ; from the rest of the Province only sporadic cases were reported.

*In 1942* the districts most affected were Peshawar, Hazara and Mardan from which 116 cases and 57 deaths were reported. Bannu was free from infection while Kohat and Dera Ismail Khan reported only sporadic cases.

**Punjab.**—*In 1941* the disease was mild compared with the previous year. The total reported mortality of 1,492 contrasts favourably with the average annual mortality of the preceding five years of 4,089. Indeed the 1941 figures are the smallest on record since 1923 and are an indication of the degree of control the Public Health Department has been able to achieve over this disease. The greatest obstacles in the way of smallpox control are the non-registration of a large number of births, the tendency of villagers to conceal cases and the failure on the part of village officials to report outbreaks till such are well established. A Bill to make revaccination compulsory is under consideration by the Government.

*In 1942* conditions were even better with a total reported deaths of 754. The affected districts were Gujranwala, Attock and Sialkot. The compulsory revaccination Bill is still being considered.

**Delhi.**—*In 1941* the incidence was less than in 1940 but it is reported that 75 per cent. of the cases and 80 per cent. of the deaths occurred among children during the first five years of life. This indicates that primary vaccination is not being carried out as effectively as it should be. In Delhi city the case mortality of 74 per cent. as against 24 per cent. for the rest of the Province shows that a dangerously low level of protection exists.

*In 1942* the incidence was again less than in the previous year but the percentage of cases and the mortality among children in the first five years of life clearly indicates that a dangerously low level of protection exists particularly in Delhi city. Steps have been taken to try and institute a vigorous campaign of vaccination and revaccination in the city but as usual in the absence of the disease these are not meeting with much response on the part of the public.

**United Provinces.**—*In 1941* all districts were affected, Benares, Gorakhpur and Ghazipur being the worst. The peak of the epidemic was in April.

*In 1942* the incidence was low throughout the whole province.

**Bihar.**—*In 1941* all districts were affected, those of Monghyr and Hazaribagh being the worst and Darbhanga and Singhbhum the least affected. The peak of the epidemic was in April.

*In 1942* again all districts were affected. Special measures were put into force near Army camps.

**Orissa.**—*In 1941* the incidence was lower than in the previous year. The law relating to vaccination varies throughout the Province and a unified Act for vaccination and revaccination is under consideration. In Cuttack and Balasore compulsory vaccination has been sanctioned.

*In 1942* a low incidence prevailed throughout all the province except in Koraput and Ganjam Agency. The unified Act is still under consideration and the compulsory scheme in two districts is working well.

**Bengal.**—*In 1941* the disease was moderately severe in the districts of Calcutta, Dacca, 24-Parganas, Burdwan, Faridpur, Midnapore, Hooghly and Howrah, the first three being most affected. Milder outbreaks occurred in Birbhum, Bankura, Khulna, Jessore, Nadia, Malda and Dinajpur. All other districts reported sporadic cases except Jalpaiguri, Darjeeling and Chittagong, which were practically free. Incidence was highest in the first two quarters of the year. Smallpox Regulations under the Epidemic Diseases Act were enforced in Burdwan, Bankura, 24-Parganas, Khulna and Faridpur.

*In 1942* the incidence was lower than in 1941. Moderately severe outbreaks occurred in Burdwan, Howrah, 24-Parganas and Dacca districts, the latter being the most affected. Milder outbreaks were reported from Birbhum and Bankura while in Midnapore, Hooghly, Rangpur, Malda, Faridpur, Bakarganj, Chittagong, Noakhali and Tippera districts sporadic cases only occurred.

**Central Provinces.**—*In 1941* the incidence was high in all districts, those most affected being Chanda, Chhindwara, Betul and Balaghat. Temporary additional vaccinators were employed in some areas.

*In 1942* the disease was again prevalent in all districts, those worst affected being Mandla, Raipur, Balaghat, Yeotmal and Akola.

**Bombay.**—*In 1941* there were many fewer cases and deaths than in 1940, e.g., 3,784 deaths compared with 10,525. Districts most affected were Ahmednagar, Belgaum, Satara, Poona, Ratnagiri, Dharwar, Colaba and Nasik. A vigorous educational campaign was launched by means of leaflets, posters and magic lantern shows.

*In 1942* there was a further decline. Districts most affected were Dharwar, Belgaum, Satara, Ahmednagar, Poona, Bijapur, Ratnagiri, Sholapur and Colaba. Local bodies are now coming forward with requests to apply compulsory vaccination to their areas.

**Sind.**—*In 1941* the incidence declined considerably as compared with 1940. In the two districts of Hyderabad and Thar Parkar that were heavily attacked in 1940 three more vaccinators in each district were appointed and in 1941 these areas were comparatively free. Vaccination is now compulsory in all municipal towns in the province and the question of extending this to the rural areas is under consideration.

*In 1942* the incidence again declined along with a further increase in the vaccination establishment, 13 more vaccinators being appointed permanently by district boards in the province. The compulsory vaccination legislation for rural areas is still under consideration.

**Madras.**—*In 1941* the districts most affected were Coimbatore, West Godavari, Malabar and Vizagapatam. The municipaltiy of Ellore was heavily affected.

*In 1942* there were mild epidemics and sporadic outbreaks throughout the province. In this year vaccination work was adversely affected on account of the high incidence of cholera for which staff had to be diverted.

**Coorg.**—*In 1941* infection was imported from Mysore and Malabar. The Vaccination Act has not yet been enforced in the rural areas, but many people now get their children vaccinated shortly after birth. Educational authorities have agreed that all children joining school for the first time should be revaccinated and that they should also be revaccinated subsequently every third year of their school career.

*In 1942* there was an epidemic in Mercara and from that town the disease spread to the surrounding rural areas.

**Assam.**—*In 1941* the incidence was mild compared with the previous year, the death rate recorded being only one-fourth of that of the previous year.

*In 1942* the incidence was even lower than in 1941.

**Ajmer-Merwara.**—*In 1941* no serious outbreak occurred.

*In 1942* there were four cases only, all in Ajmer municipal area.

**Baluchistan.**—*In 1941* there was an outbreak in Kolpur (Kalat State). Protective vaccination was carried out at Quetta railway station.

*In 1942* a low incidence continued to prevail.

## MALARIA

5. **North-West Frontier Province.**—*In 1941* malaria was prevalent throughout the province. Free quinine was distributed in both the rural and urban areas and efforts were made to persuade people to use mosquito nets at night. Antimosquito measures included draining operations, oiling and the use of Paris green.

*In 1942* the summer rainfall was much higher than usual but the feared consequent epidemic did not appear. Free distribution of quinine was continued and the Public Health staff carried out active propaganda against the disease.

**Punjab.**—*In 1941* a relatively mild epidemic was reported. The usual difficulty in assessing the real position was experienced since while only 4,366 deaths were actually reported as due to malaria the total mortality from 'Fevers' in the year was 528,633. In each district a small nucleus antimalaria organization has been built up capable of expansion in an emergency. Excellent liaison is now established between District Board, Municipal, Railway and Military authorities, all of whom now collaborate in joint antimalaria schemes.

*In 1942* the malaria forecast issued each year in the province foretold a widespread epidemic. The July-August rains had been in excess and there was much flood water. This forecast was borne out by events. The total attendance at Dispensaries and Hospitals reaching the huge total of 2,107,711 as compared with the five year average of 994,568. Deaths registered as due to 'Fevers' numbered 651,259. The South-East Punjab was the part most affected in the districts of Hissar, Karnal, Rohtak, Gurgaon and Ambala. As soon as the epidemic was foreseen all Health Officers were warned to adopt preventive and curative measures. Temporary dispensaries for mass treatment were set up and the Government organized 14 model antimalaria units. District authorities recruited another 115, the Government giving a grant of Rs.1,00,000 towards this. These units all did much valuable antimosquito and antilarval work and also distributed quinine. Evidence of the effects of their work was got from the figures showing fever indices in villages before and after their visits.

**Delhi.**—*In 1941* the incidence of 'Fevers' was 53,051 which is less than the 1940 figure of 78,824. In this year it was thought that a substantial percentage of these cases were influenza and not, as is usually the case, malaria. In Delhi urban area antimalaria operations continued under the guidance of the Malaria Institute of India. They included permanent measures such as raising the bed of drains, canalizing them and modifying their structure, pits were also filled in and wells closed. The usual recurring operations were continued during the year. The success of these operations as gauged from spleen rates compared with 1936 rates is considered satisfactory. In rural areas the number of cases

treated in dispensaries was 11,456. Anti-larval measures were carried out along approved lines, while the spraying of adult mosquitoes was also practised, being controlled as follows :

Villages were divided into two groups (*a*) and (*b*). In group (*a*) quinine distribution and antilarval measures only were adopted. In group (*b*) these two were supplemented by adult spraying. In this latter group the fall in the spleen index, though greater than in the former, was not remarkably greater. Further experiments are indicated. In Najafgarh Health Unit area distribution of quinine and general antilarval measures were supplemented by adult mosquito spraying carried out by the villagers themselves.

*In 1942* the incidence of 'Fever' rose steeply to a figure of 155,922 but, as in 1941, it is thought that some proportion of this rise should be attributed to influenza. There was in the Autumn following on excessive rainfall a regional epidemic of malaria which affected Delhi Province and the city. In the latter those living along the river side were most affected. Very active antimalaria measures undoubtedly achieved considerable success in Delhi in the way of reducing the intensity of the epidemic. These measures have as their sheet anchor spray killing of adult mosquitoes. In the rural areas a forecast of an epidemic was justified by events. Extensive and long continued flooding was experienced. Antimalaria measures which included spray killing of adult mosquitoes succeeded in keeping the epidemic within bounds and these were helped by the cooperation of villagers themselves. Daily spraying during an epidemic period is now advocated by the Director, Malaria Institute as a result of experience gained this year.

**United Provinces.**—*In 1941* regional epidemic malaria was reported from ten districts only. September and November were the months in which the highest incidence was recorded. Free quinine was widely distributed. In several places local surveys were carried out and in the districts of Hardoi (12 villages) and Naini Tal (58 villages) a special scheme of investigation and antimalaria measures, the expense of which is shared equally between the I. R. F. A. and the United Provinces Government, continued in operation.

*In 1942* there was excessive rain followed by reports from many districts in the centre and North-West of the Province of severe outbreaks of malaria. Over 2,000 lbs. of quinine was distributed free and 1,235 lbs. was issued for sale at Government rates to District Magistrates. In addition to the special survey in Hardoi and Naini Tal which was continued, surveys were carried out in 16 other districts.

**Bihar.**—*In 1941* in South Bihar malaria was not reported in epidemic form with the exception of Rajgir where it was stated to be on the increase. The districts in Chota Nagpur circle were however affected and antimalaria work and the opening of various centres was called for. A possible epidemic in North Bihar is said to have been checked as a result of widescale distribution of quinine coupled with antimalaria measures for which in six districts Government grants amounting to Rs.32,000 were provided.

*In 1942* in all the districts of South Bihar circle sporadic malaria was reported and once more Rajgir was the most heavily infected. In North Bihar circle 42 antimalaria centres in different districts functioned for various periods of time during the year. All these districts continue to be affected by this disease since the great earthquake, but it is now thought to be under control in Muzaffarpur district. During the year it was necessary to restrict control

activities to certain selected villages on account of the difficulty experienced in obtaining materials. In Chota Nagpur circle there were local outbreaks in epidemic form in a few villages in Ranchi district and also in the areas under the Mines Board of Health, Dhanbad.

**Orissa.**—*In 1941* in this province malaria is endemic in the deltaic district of Cuttack and Balasore and also in Ganjam district along the Chilka Lake and the agency tracts of Ganjam and Koraput. The Government is considering proposals to open more antimalaria centres at Nandpur and Bissemcuttack during the next financial year. In the year under review an enquiry as to the vector responsible in Balasore town was carried out. A field unit from the Malaria Institute of India worked at Rhamba in the district of Ganjam to investigate conditions around the Chilka Lake. The work of this Unit was completed in March 1942 and its report is awaited. Free quinine distribution was continued this year and was on sale through post offices as before. 400 lbs. of quinine at a cost of Rs.10,000 was added to the reserve stock of the province.

*In 1942* antimalaria operations were continued in the district of Koraput. The Local Government sanctioned the continuation of these for a period of five years as from the 1st April, 1942 at an estimated annual cost of Rs.3,459. At Bissemcuttack similar operations were sanctioned for the same period at an estimated cost of Rs.1,335 per annum. The enquiry into the vectors responsible for malaria in Balasore was continued and the Bengal Nagpur Railway co-operated in this by allowing free transmission of specimens over their line. A further 400 lbs. of quinine at a cost of Rs.10,000 was added to the reserve stock of the province.

**Bengal.**—*In 1941* on the whole malaria was less prevalent than usual throughout the province. Faridpur, Dacca, Bogra and Narail Sub-division of Jessore district were fairly heavily attacked. Two hundred and seven doctors were employed by the local Government on epidemic duty and the provincial grant for the free distribution of quinine was increased from five to six lakhs of rupees. Surveys were carried out at (among other places) Rangamati, Chittagong Hill Tracts and at Digha Contai Sub-division.

*In 1942* incidence was higher especially in the districts of Rangpur, Faridpur, Nadia, Dacca, Khulna, Jessore, Tippera and Rajshahi. One hundred and ninety-seven doctors were employed on epidemic duty and once more the local Government gave six lakhs of rupees for quinine for free distribution. The Provincial Malaria Research Laboratory examined approximately 2,500 blood smears and 2,000 specimens of larvae and adults.

**Central Provinces.**—*In 1941* a survey and antimosquito campaign was carried out at Nagpur. Elsewhere antimalaria measures continued as in previous years.

*In 1942* an experiment for killing adult mosquitoes by pyrethrum spraying was carried out in a forest village Nawapara in Raipur district.

**Bombay.**—*1941.*—Districts most affected were Nasik, Poona, East and West Khandesh, Dharwar, Belgaum, Ahmednagar, Thana, Bijapur and Kanara. Elsewhere incidence was low. A total of 32,099 deaths were recorded as due to malaria this year. The Local Government allotted one lakh of rupees for quinine for free distribution.

*In 1942* the general incidence was less than in the previous year, the disease appearing in the same districts as before. The Government grant for free quinine was raised to Rs.1,51,250. During the year 28,000 deaths were recorded as due to malaria.

**Sind.**—*1941.*—In this year the number of deaths registered as due to 'Fevers' was 36,694 as compared with 23,973 in 1940. This is thought to indicate a considerable increase in the incidence of malaria. A sum of Rs.48,900 was allotted by the Government for quinine for free distribution.

*In 1942* floods aggravated the incidence of the disease and special anti-malaria measures were undertaken in 20 taluks in the districts of Sukkur, Larkana and Dadu. Government allotted Rs.62,000 this year for free quinine.

**Madras.**—*In 1941* the experimental investigations in Pattukkottai, Wynaad and Ennore, started in 1938 at the instance of the Indian Research Fund Association were continued. There was further reduction of malaria in Pattukkottai, the measures adopted were water-tidiness, general drainage, introduction of fish in wells, sanitation of tanks, abolition of borrow pits and intermittent irrigation. Proposals for studying the comparative merits of these measures in the control of malaria were considered. The results obtained in Ennore were not conclusive, suggesting the need for investigation of other factors besides breeding in casuarina pits since though the breeding of *A. culicifacies* in these pits was fully controlled, there was an outbreak of malaria in the beginning of the year. Experimental studies were continued to decide on a suitable permanent solution of the casuarina pit problem. The importance of frogs as enemies of larvicidal fish in confined waters was demonstrated. In Wynaad different methods of control are being tried. Free distribution of quinine was started as an experimental measure in 10 districts. It is now in force in nearly 4,500 villages in 23 districts. The areas to which it was extended during the year were :

(*a*) Villages in southern parts of Nellore district and in areas of Chingleput and Chittoor districts, bordering Nellore district, where there was an outbreak of malaria traceable to the traffic connected with the removal of concessional salt from villages on the coast of Nellore ; (*b*) villages in the coastal areas of Ramnad district where an outbreak of malaria occurred in the beginning of the year due to stagnation following the heavy north-east monsoon areas ; (*c*) coastal areas in Repalle taluk of Guntur district where there was a severe outbreak of malaria ; (*d*) certain areas in Bellary and Cuddapah districts where there was an increase in the incidence of malaria. Two thousand and thirty-two pounds of quinine from provincial funds, 78 lbs. from the Government of India Grant and 62 lbs. from the District Board Funds were distributed in the above villages, free of cost, through village officers, school masters and a few other agencies. In other words some 434,400 persons had the benefit of free quinine in the presidency during the year.

*In 1942* the antimalaria investigations financed by the Government of Madras and the Indian Research Fund Association in Pattukkottai, Wynaad and Ennore continued in spite of difficulties in getting equipment, appliances and chemicals including drugs. During the year under report there was a considerable increase in the activities with respect to research as well as malaria control measures which included (*a*) an expansion of controlled area in Krishna Devipeta and intensification of research work regarding various diseases in and around Vizagapatam station ; (*b*) appointment of a malaria unit for Tungabhadra Project area, this unit carried out a complete survey of the area during the year ; (*c*) opening of a new field station in Harur area in Salem district ; (*d*) survey of Sabari area in Upper Godavari Agency in connexion with the irrigation project ;

(*e*) organizing control measures in Pykara area in Tirupati hills ; (*f*) the training of Sanitary Inspectors in malaria control measures.

The scheme for the free distribution of quinine was extended to about 6,000 villages and towns covering a population of about six million.

**Coorg.**—*1941.*—Malaria is still the most formidable health problem here. The I. R. F. A. gave Rs.1,000 for spraying operations in Mercara during the malaria season—March to May.

*In 1942* the position was not changed and of the total mortality recorded 70 per cent. is shown as due to 'fevers' which is an indication of the prevalence of malaria. Operations continued as heretofore.

**Assam.**—*1941.*—Malaria was most prevalent in the districts of Cachar, Sylhet, Goalpara, Kamrup, Darrang and Nowgong. Schemes of control were in force in villages in Cachar district and in Hojai in Nowgong district.

*In 1942* there was no change in the general situation and the special schemes which had been in operation the previous year were continued.

**Ajmer-Merwara.**—*In 1941* there occurred only 7 deaths from malaria. Antimosquito measures were continued as usual.

*In 1942* there were exceptional rains and the Ajmer municipality took on additional staff to carry out antimosquito measures. Free quinine was issued from the municipal dispensary.

**Baluchistan.**—*1941 and 1942.*—Nothing special to report.

## ENTERIC FEVER

6. Enteric fever is not a registrable cause of death in most of rural India. In municipalities and large towns, where it is notifiable, very few cases are reported, as only a small proportion receive qualified medical attention. Further, facilities for laboratory diagnosis, even in large towns, are inadequate. In these circumstances the recorded figures of deaths from this disease are no indication at all of its widespread nature. However, from the reports of hospitals and dispensaries, it is known that about 140,000 cases were treated in dispensaries and hospitals in British India, during the year 1941. All provinces were affected, for example the Punjab (31,000), Madras (27,000), Bengal (27,000), Bihar (14,000) and the United Provinces (13,000).

These figures give some idea of the widespread nature of the disease. Until adequate provision is made for proper conservancy and for the provision of protected water supplies enteric fever, along with other bowel diseases, will continue to levy a large toll of human life in India. The Central Advisory Board of Health, at its 3rd meeting in July 1940, passed a resolution, urging Provincial and State Governments to provide as far as possible, facilities for the laboratory diagnosis of clinical material from cases of infectious diseases submitted for examination by private practitioners and Government Medical Officers. Such facilities, if provided, should be a help in obtaining more information in regard to the prevalence of this and other diseases and thereby stimulate the adoption of measures both for their control and prevention.

Brief notes on the prevalence of enteric fever for the years 1941 and 1942 in the different provinces are given below :

**North-West Frontier Province.**—*1941.*—Sporadic cases occurred all over the Province. Mass inoculation with T. A. B. vaccine was carried out in schools and in the Police and Frontier Constabulary Forces. Propaganda was done to persuade the general public to get inoculated.

*In 1942* also sporadic cases occurred throughout the province. The main sources of infection are reported to have been water supplies, i.e., villages wells which are very liable to contamination, and a conservancy system of open latrine and pails, which are very accessible to flies. Inoculation with T. A. B. vaccine, was carried out in schools and among the Police and Frontier Constabulary, with good results.

**Punjab.**—*1941.*—The number of deaths recorded from enteric fever was 12,184 against 11,162 in the preceding year. The largest number of deaths was recorded in the summer months. Recorded mortality in 1941 in the districts of Ferozepore, Lahore, Montgomery and Multan was higher than in previous years. The figures regarding the incidence of the disease in the Punjab, cannot be regarded as giving an accurate picture, on account of the fact that the general position in regard to the notification of communicable diseases, is far from satisfactory. There are, however, said to be indications of a tendency towards better diagnosis of the disease. The Director of Public Health, Punjab, states that the crux of the whole problem of prevention of enteric fever in the Province is the improvement of environmental hygiene i.e. the provision of a pure water supply both in urban and rural areas, supplemented by a more extensive use of T. A. B. vaccine. The disease is not specifically mentioned in the Annual Report for *1942.*

**Orissa.**—*1941 and 1942.*—The enteric group is reported to form a fair proportion of cases diagnosed as fevers in the hospitals of the province.

**Bengal.**—Deaths from typhoid occurred in almost all districts in the year *1941.* The disease was, as is to be expected, mainly recorded in urban areas and reports come from only very few rural areas.

*In 1942* enteric was again reported as prevalent in the urban areas of the province.

**Central Provinces.**—*1941.*—The number of deaths registered was 749 against 1,221 in 1940. Enteric was prevalent in all districts of the province, except Raipur, Drug and Balaghat, from which no cases were recorded. None of the recorded deaths, however, were medically verified and confirmed.

No special reference is made in the 1942 report.

**Bombay.**—*1941.*—Seven thousand and eighty-eight deaths from enteric fevers were registered against 6,779 in 1940. The districts most affected were Colaba, Dharwar, Thana, West Khandesh, Kanara and Belgaum. In Bombay City, 554 deaths were registered in 1941 against 442 in 1940. Incidence was low during the months of June and December, and high during October. In the remaining months of the year, the incidence is reported to have been almost equally distributed. To facilitate early diagnosis, the Government of Bombay are reported to have issued orders that clinical material sent by private medical practitioners, will be examined free of charge at the Haffkine Institute.

*In 1942* 6,544 deaths were recorded as against 7,088 in 1941. Facilities for the free examination of clinical material sent by private medical practitioners for diagnosis, were continued at the Haffkine Institute.

**Madras.**—*1941.*—There were 2,661 attacks and 1,651 deaths recorded in the municipalties of the province. The high case fatality rate of 62 per cent., probably indicates under reporting. Besides other control measures, 17,742 anti-typhoid inoculations were performed during the year.

No special reference occurs in the *1942* report.

**Coorg.**—*1941.*—Typhoid was fairly widely prevalent in the rural areas and appeared in epidemic form in the village of Benghad and its vicinity. T. A. B. vaccine inoculations were widely carried out. The practice of protecting all Government officials in Coorg against typhoid, is reported to have been continued and the efficiency of this preventive measure is said to be proved by the fact that no Government servant was infected during the year.

*In 1942* sporadic cases occurred in scattered areas, almost throughout the year, in both rural and urban areas in Coorg. The hospitals at Mercara and Virajpet are said to have cases of fevers of the enteric group for treatment throughout the year. Government servants continued to be protected by inoculation and the public were also inoculated, whenever possible.

**Ajmer-Merwara.**—*1941.*—Enteric was endemic in Ajmer municipal area, chiefly due to defective water supply. There were 104 cases and 68 deaths against 175 cases and 128 deaths in the previous year. The question of an adequate water supply which is under the consideration of the Local Body, deserves very early attention.

*In 1942* enteric continued to be endemic in Ajmer municipal area. There were 50 cases and 33 deaths in 1942 against 104 cases and 68 deaths in the preceding year.

**Baluchistan.**—There is no special reference to enteric in the *1941* report.

*In 1942*, 268 cases of enteric fever are reported to have been treated within the first ten months in the hospitals and dispensaries of Baluchistan Province.

Public health reports from the provinces of the United Provinces, Sind and Assam for the years 1941 and 1942 do not specifically refer to the incidence of this disease.

## TUBERCULOSIS

7. A summry of the antituberculosis work carried out in the provinces in 1941 and 1942 is given below :

**North-West Frontier Province.**—*1941.*—The two tuberculosis clinics which were opened in 1940, in Peshawar and Bannu are reported to have done very useful work.

At a meeting of the Executive Committee of the North-West Frontier Province Provincial Tuberculosis Association, a proposal to put up a detailed programme of work was adopted. Two pamphlets entiteld "Tuberculosis and how to fight it" and "Dirt and Disease, with special reference to Tuberculosis" were prepared and several thousand copies were distributed to the educated sections of the public. The Director of Public Instruction, North-West Frontier Province, has sent these pamphlets to the Headmasters of all schools in the province.

The Sanatorium at Dadar continued to gain in popularity. The wards remained full and the number of beds has been increased from 80 to 110.

*In 1942* the two clinics at Peshawar and Bannu continued to do very useful work. Tuberculosis clinics are now working in six other hospitals, namely, Dehra Ismail Khan, Kulachi, Tank, Mardan, Parachinar and Alizai. District Tuberculosis Associations have been formed in almost all the Municipal towns of the Province.

The Provincial Tuberculosis Association has become a member of the Central Indian Red Cross Society. The Provincial Sanatorium at Dadar continued to do useful work and the number of beds increased from 110 to 122.

**Punjab.**—*1941.*—No reliable figures regarding the incidence of the disease are available as the majority of cases are not notified ; 11,422 deaths were registered against 13,233 in 1940.

*In 1942* a Tuberculosis survey of school children was carried out in Sialkot Town under the auspices of the District Red Cross Society. The survey involved the application of Mantoux's intradermal tuberculin test on 6,436 school children, of whom 33·6 per cent. were found to be positive. A proposal to conduct a Tuberculosis survey in the town of Pattoki and its surrounding villages is reported to be under the consideration of the Local Government. During the year 10,076 deaths were registered from tuberculosis.

**Delhi Province.**—*1941.*—1,207 cases were notified and 1,068 deaths were registered, as compared with 1,219 cases and 1,240 deaths in 1940. The financial stringency caused by the War is reported to have prevented any major advance in the comprehensive scheme for the control of tuberculosis in the Province. The extention of accommodation contemplated in the Silver Jubilee Tuberculosis Hospital and the improvement to Queen's Road Clinic had both to be kept in abeyance. However, the foundation stone was laid for the erection of a new clinic by the Rama Krishna Mission, to replace the existing one at Daryaganj.

An important event was the opening of the New Delhi Tuberculosis Clinic, by the Tuberculosis Association of India. This is intended to be a model for other institutions and a teaching centre for graduates and under-graduates. It is jointly financed by the Government of India, the Tuberculosis Association of India, and the New Delhi Municipality. Another advance was the launching of an experimental scheme for organized Home Treatment, by the New Delhi Tuberculosis Clinic and the Municipal Clinic at Queen's Road. The scheme aims at the application, as far as possible, of modern specialized treatment and preventive methods in the homes of Tuberculosis patients. It is too early to judge results.

*In 1942* good work continued with some progress inspite of adverse conditions due to lack of finance and facilities. The two clinics are slowly collecting valuable data with regard to type incidence and it is most unfortunate to have to record the destruction of the Queen's Road Clinic records in the disturbances in August. During the year 1,815 cases were notified and 938 deaths registered. The scheme for organized Home treatment has extended its scope to include other areas but work suffered on account of the acute housing shortage.

**United Provinces.**—*1941.*—Tuberculosis is not specifically referred to in the 1941 report from the province.

*In 1942* Government sanctioned a recurring grant of Rs.5,500 for antituberculosis propaganda and made nonrecurring provision of Rs.8,000 for the preparation of a film on Tuberculosis.

**Bihar.**—*1941.*—The special Tuberculosis Clinics attached to district headquarters hospitals continued to do useful work.

*In 1942* also, these clinics continued to function satisfactorily.

**Orissa.**—*1941.*—The Provincial Tuberculosis Association concentrated attention on the establishment of a fully equipped Tuberculosis Clinic at Cuttack a new building for which is in the process of construction. The Provincial Government are reported to have agreed to meet the entire maintenance charges of the clinic, which will be under the charge of the Provincial Tuberculosis Officer.

A "Tuberculosis Reader", with coloured illustrations dealing with the causation and prevention of Tuberculosis for the use especially of schools and colleges, already printed in Oriya and English, is now under print in Telegu.

*In 1942* the new building of the Cuttack Tuberculosis Clinic was completed and was opened in February 1943 by the Governor of the Province. The Health Visitors attached to the clinic started work during the year and anti-tuberculosis propaganda was carried out by the Provincial Tuberculosis Officer and his staff.

**Bengal.**—*1941.*—The question of introducing a comprehensive scheme for the control of tuberculosis in this province has been under Government consideration for sometime. In order to ascertain the incidence in particular areas and among particular sections and classes of population by vocation, age, sex, etc. a survey of selected typical urban and rural areas was started in 1941.

In the meantime, a provincial scheme for the control of the disease has been drawn up by the Public Health Department. It is proposed to introduce the scheme by stages and a beginning has been made with two items of importance. These are, a special course of training in tuberculosis work for Medical and Health Officers and Home Visitors and provision for better treatment and nourishment for tubercular patients in the Sadar Hospitals. Provision for Rs.5,000 and Rs.15,000 for the new items of work mentioned above, with an ultimate expenditure of Rs.25,000 and Rs.75,000 respectively, has been made in the provincial budget since 1938-39. In the current year, it is proposed to introduce two other items, viz. the establishment of Chest Clinics at district headquarters and village isolation centres. A provision of Rs.40,000 for the latter, with an ultimate expenditure of Rs.1,20,000 for three years, is reported to have been made in the current year's budget. It is proposed to locate these Chest Clinics in Sadar Hospitals. To encourage local bodies to establish chest clinics, it is proposed to grant a moiety of the capital cost subject to certain conditions.

*In 1942* further tuberculosis surveys at Barisal and Serampur were undertaken. Proposals for the starting of Tuberculosis Clinics were received in the Public Health Department from nine centres. The Bengal Tuberculosis Association received a grant of Rs.10,000 from Government for anti-tuberculosis campaign.

**Central Provinces.**—*1941 and 1942.*—The four tuberculosis clinics at Nagpur, Jubbulpore, Amraoti and Raipur, established in 1938 continued to work satisfactorily.

**Bombay.**—*1941.*—The construction of an anti-tuberculosis clinic in the compound of the J. J. Hospital, Bombay, to be built out of a donation received from the Bombay Province Tuberculosis Association has had to be postponed till the end of the War. Special accommodation for tuberculosis patients was provided in the Civil Hospitals at Belgaum and Bijapur.

*In 1942*, provision was made for special tuberculosis wards in the Civil Hospitals, at Sholapur, Alibag and Jalgaon. In the last two cases, the provision was sanctioned by Government out of the amounts returnable to the districts from the King Emperor's Anti-tuberculosis Fund.

**Ajmer-Merwara.**—*1941 and 1942.*—Anti-tuberculosis activities controlled by the Indian Red Cross Society, Ajmer Branch, were continued.

**Baluchistan.**—*1941 and 1942.*—The Tuberculosis Sanatorium opened by Her Excellency the Marchioness of Linlithgow in 1940 functioned successfully. A tuberculosis clinic for outdoor patients was opened in 1941 in Quetta and over 4,000 cases were treated.

## LEPROSY

8. As in previous years anti-leprosy work was carried out in the years 1941 and 1942 both by the Public Health Departments of the various Provinces and States and also by Voluntary Associations such as the Indian Council of the British Empire Leprosy Relief Association and its Provincial Branches ; the Indian Research Fund Association, the Mission to Lepers, etc.

An important event during this period was the publication in January 1942 of the Report on "Leprosy and its control in India" by a Sub-Committee appointed by the Central Advisory Board of Health of the Government of India. The recommendations of this Sub-Committee form a valuable contribution to anti-leprosy work in India. It is possible to indicate here only certain of the main recommendations :

In assessing the leprosy problem in India the age distribution as well as type distribution must be considered as well as total incidence. While the 1931 census reported 150,000 cases of leprosy in India, leprosy surveys show that the actual incidence is on an average about 8 times this figure. In some highly infected areas the incidence may be from 5 to 10 per cent. of the population surveyed. There was no evidence to indicate any marked increase or decrease in leprosy incidence in recent years in the country as a whole.

From the public health standpoint the problem of beggars with leprosy is important and is most acute in Calcutta, Madras and Bombay. A change in public opinion to prevent the assembly of leprous beggars at festivals is required. The money given to them as alms could be spent on financing a comprehensive scheme to provide for destitute persons with leprosy.

The social and economic aspects of the leprosy problem should also be kept in mind. Widespread poverty, bad housing, poor diet, lack of education and knowledge of health matters in general, contribute to the spread of the disease though they are not essential to its transmission. The effect of social ostracism on leprosy control is important. Indifference and exaggerated fear are both to be deprecated and a more rational attitude is to be encouraged. Social ostracism frequently leads to loss of livelihood, not only in infective but also in non-infective cases.

Instruction in leprosy should be adequate in medical curricula and medical institutions should hospitalize non-infective cases in general wards and infective cases in infective wards.

While voluntary organization can in the future aid greatly in anti-leprosy work, the view of the International Conference on Leprosy held at Cairo in 1938 was that the control of leprosy is an inescapable responsibility of Government. Both missionary and local organizations need guidance regarding the best lines of work.

In regard to anti-leprosy work, treatment, isolation, special work for children and surveys propaganda and research work should all be carried out along the lines recommended in detail in the report of the Sub-Committee referred to above.

In-patient institutions should be situated outside a town and should be developed on colony lines. About 500 patients is probably the optimum number in a colony. Even under the most favourable circumstances leprosy institutions cannot be self-supporting by agriculture and industry. A model provincial leprosy institution should be started in every province where leprosy is common and should form the hub of anti-leprosy activities.

Existing legal powers in India for the control of leprosy have not been of much practical value and a review of such legislation should be seriously considered.

Provincial administrations should follow a fixed policy of making adequate financial provision for anti-leprosy work with a staff properly paid and of good standing. Properly qualified provincial leprosy officers should be appointed in those provinces where leprosy is common.

These recommendations are based on expert knowledge and are of a far-reaching character and it is realized that they can only be gradually adopted. Every effort, however, should be made to adopt them and they should receive the serious attention of all Governments and of voluntary and local organizations interested in anti-leprosy work in India.

Another important development was a report on leprosy surveys prepared by a sub-committee appointed by the Indian Research Fund Association. This report deals with the objects and methods of leprosy surveys and the interpretation of survey-findings. It is hoped that future survey work in India will follow the lines outlined in this report. There were in all 65 leprosy in-patient institutions in India with accommodation for 13,676 patients in 1941.

In 1942, on account of war conditions anti-leprosy work in India was carried out under difficulties but neither the quality nor the quantity of the work appears to have suffered seriously. Indeed in some respects, an improvement was seen, e.g., the amount of accurate survey and isolation work has definitely increased. Nevertheless important new developments could not be carried out. Such schemes as that for a Leprosy Institute of India and for provincial Leprosaria will have to wait for happier times. As usual, the work of the British Empire Leprosy Relief Association, Indian Council was carried out under two sections, the first being research and the second activities under provincial and local branches and organizations. The former is dealt with in the section on "Research" elsewhere in this report. Epidemiological studies were carried on at the Bankura Investigation Centre during the years 1941 and 1942, the results of which are recorded in the reports from that Centre.

The results of leprosy surveys carried out in 1942 in small selected areas by the British Empire Leprosy Relief Association are given below :

| Area | Population examined | Incidence | Type—distribution (L cases) | Age—distribution (cases aged 15 and under) |
|---|---|---|---|---|
| | | Per cent. | Per cent. | Per cent. |
| Khurda, Orissa .. .. | 5,727 | 1·53 | 12·5 | 30 |
| Kurud, Central Provinces .. .. | 5,498 | 1·16 | 20 | 14 |
| Khazikhed, Central Provinces .. | 4,880 | 4·84 | 8 | 23 |
| Salem, Madras .. .. | 6,340 | 1·13 | 11 | 18 |
| South Arcot, Madras .. .. | 5,030 | 3·5 | 14 | 23 |
| Chunamkalwa, Madras .. .. | 332 | 5·72 | 32 | 10 |

An interesting point revealed by these figures is that the incidence of leprosy in Khurda, Orissa was lower than expected and the disease was also relatively mild. Of the two areas surveyed in the Central Provinces, it is said that one has been notorious for leprosy for many years whereas in the other it is only recently that its prevalence has been noted. Actually the first of these areas showed a considerably lower incidence than the second. It is possible that leprosy has increased in the second area and is stationary or dying out in the first. If this supposition is correct, it appears that an increase in leprosy may be indicated not so much by a high proportion of lepromatous cases as by a high proportion of cases in children. In the three areas surveyed in Madras the incidence of leprosy varied widely. In the Salem survey, one part of the surveyed area was an upland area inhabited by semi-aboriginal people who showed no leprosy, whereas elsewhere, villages with the usual Madrasi population showed a fairly high incidence. These differences may be caused by racial or climatic factors. The small "Basti", "Chunamkalwa" showed a high incidence, which is apparently characteristic of such areas. The high proportion of lepromatous cases reported in some surveys in Madras was not found in the three areas surveyed, but it is reported that there did appear to be some clinical difference between leprosy in Madras and leprosy in some other parts. Investigations are also being undertaken in the United Provinces and Bihar.

As is well known the Mission to Lepers is the biggest single agency in anti-leprosy work in India and has in many ways given a lead in such work. All its larger institutions have Resident Medical Officers and the smaller ones Visiting Medical Officers. Special arrangements are made in most institutions for children. The institutions of the Mission are being increasingly used for infective cases of leprosy but the Mission has not adopted the policy of admitting only infective cases nor would such a general policy be acceptable to it since the scope of its work is reported to embrace those wider considerations of Public Health which cover both the physical, mental and the spiritual needs of the individual, whether he is an infective case or not. Provincial Governments assist these institutions chiefly by making grants on a capitation basis, so much per patient per month with a certain maximum. The amount paid per head varies between Rs.3-8 to Rs.9, the remainder of the cost of maintenance being met by the Mission. There are other Leprosy Institutions run by other Voluntary Organizations. The collaboration between such organizations and Governments in organizing leprosy Institutions has been of great value. Excellent work is being done on these lines in Chingleput (Madras), Dichpali (Hyderabad, Deccan), Purulia (Bihar), Chandkuri (Central Provinces) to mention only a few centres. Not only are such institutions well-run, but they act as centres of training for workers, of out-patients diagnosis and treatment and of anti-leprosy work in general and, sometimes, of research. In addition to this, there are in India certain local bodies formed with the object of doing anti-leprosy work in local areas. Mention may be made of the work of such bodies in the industrial areas of Dhanbad and Asansol and the establishment of a large Leprosy Colony by a local organization in Purulia (Bihar) and the Maharogi Seva Sangh, Wardha (Central Provinces).

Details of these activities are to be found in the excellently illustrated 68th years' Report of the Mission to Lepers for the period September 1941 to August 1942.

The following paragraphs give in brief the anti-leprosy acitivities carried out in the different provinces in India during the years 1941 and 1942.

**Punjab.**—*1941 and 1942.*—A considerable expansion has occurred since 1931, when anti-leprosy work was started in the Province. During these 11 years, leprosy surveys have been carried out in 23 districts. During 1941, survey work was carried out in Gujar Khan tahsil of Rawalpindi district, Sheikhupura district and Kasur tahsil of Lahore district. The training of doctors in the diagnosis and treatment of leprosy was continued and 399 doctors have now had special instruction. The Provincial Government contributed a sum of nearly Rs.60,000 towards the maintenance of the five leper homes in the Province.

On account of difficulties created by the war and the paucity of staff, survey work on a large scale could not be undertaken during *1942*. However, a circumscribed survey of Type II was carried out in forty villages of Kasur tehsil in Lahore district. Research in connexion with the lepromin test was carried out in collaboration with the Leprosy Research Department of the School of Tropical Medicine and Hygiene, Calcutta. The Punjab Government contributed a sum of nearly Rs.59,000 towards the maintenance of the five leper homes in the Province. A scheme for the control of leprosy in Kulu Sub-Division of Kangra district, was approved by the Punjab Branch of the British Empire Leprosy Relief Association for trial for a period of five years, in the first instance.

**United Provinces.**—*In 1941* the Provincial Branch of the British Empire Leprosy Relief Association continued to organize and encourage leprosy propaganda, survey and treatment. The Branch also gave grants to skin dispensaries at Cawnpore, Lucknow and Benares. In addition there are 50 other clinics under private management of the Civil Surgeons. There is a leprosy hospital at Zamuratgunj, Fyzabad, under the management of the Mission to Lepers. The Provincial Leprosy Officer visited the tehsils of Payagpur, Nanpara, Bhinga and Bahraich, 242 villages and persuaded 335 patients to take treatment, of which 217 were of Neural type and 118 of Lepromatous type.

*In 1942*, the three clinics at Benares, Cawnpore and Lucknow continued the work. The Provincial Leprosy Officer carried out surveys and propaganda work in villages during the year, chiefly in the district of Sitapur. Six treatment centres were established at Branch dispensaries.

**Bihar**—*In 1941* a survey of leprosy cases was carried out in Manbhum and Santal Parganas districts, where several anti-leprosy clinics worked throughout the year, under the supervision of the local health officers. 3,293 cases were treated in the different clinics, in the district. In the big leper asylum and clinic in Deoghar in the district of Santal Parganas, there are 138 beds for indoor patients. Propaganda work to educate the public was done by the medical officers of the leper clinics in the district of Champaran. Survey work and following up of cases, were also done in this district. Home isolation and village isolation was carried out in some cases.

*In 1942*, leper clinics started in the previous years in the districts of Santal Parganas and Manbhum, worked satisfactorily. The Manbhum District Board is reported to have a special anti-leprosy scheme.

**Orissa.**—*1941.*—Every attempt was made to further anti-leprosy work. Survey and propaganda were mainly carried out by the staff, maintained by the Orissa Branch of the British Empire Leprosy Relief Association. A leprosy clinic is attached to almost all the dispensaries and hospitals in the Province and treatment is giver by the medical officers in charge to leper patients. The Orissa Government is reported to be getting on with this main scheme of establishing village isolation sheds in different parts of the Province, besides helping to carry out home isolation, wherever possible. The number of treatment

centres increased from 137 in 1940 to 147 in 1941. The number of leper colonies also increased from 3 in 1940 to 4 in 1941 by the establishment of a new leper colony namely Artashram leper colony in the Puri district. During 1941, leprosy surveys were carried out in about 600 villages in 23 centres and 600 cases were detected among whom, about one-third were in the infective stage (Lepromatous stage).

*In 1942*, survey, propaganda, treatment and isolation were the main items of work carried out in Orissa by the staff appointed by the Orissa Branch of the British Empire Leprosy Relief Association. They constantly toured in the districts and delivered lectures (both with and without the aid of magic lanterns), in schools, villages and towns. During the year, pamphlets in Oriya on leprosy were printed in thousands and distributed with the help of the district leprosy staff and school teachers. The number of treatment centres for leprosy increased from 147 in 1941 to 157 in 1942. During 1942, surveys were carried out in 586 villages and in 14 dispensary centres, and 2,332 cases of leprosy were detected in a population of 1·7 lakhs. Besides institutional isolation in the Cuttack Leper Asylum, and the Puri and the Lati leper colonies in the district of Ganjam, isolation of infectious cases was also effected in villages of Bargarh and Janla in the districts of Sambalpur and Puri respectively during the year 1942.

**Bengal.**—*1941.*—The question of providing facilities for the control and treatment of lepers and, if possible, the eradication of the disease, is reported to have been engaging the serious attention of the Bengal Government for some time past. The control of leprosy is proposed to be effected by the establishment of a net-work of leprosy clinics on approved lines, at suitable centres in the districts and areas, affected by the disease. With a view to encouraging the opening of leprosy clinics in rural areas and with the object of securing substantial development of this service, a scheme for the establishment of leprosy clinics in Sadar and sub-divisional Hospitals and in Union Boards, is reported to have been framed by the Public Health Department and approved by Government in 1941. A copy of the type scheme is reported to have been already forwarded to all municipalities and district boards. A beginning is to be made, by the establishment of leprosy clinics in the hospitals in the Union Board areas. In regard to the clinics to be established in Union Board areas, the Government will contribute during the first year Rs.200 including a recurring charge of Rs.115 towards the cost of equipment and drugs and also a half subsidy towards the pay of the medical officer and attendant. The balance of the capital and recurring expenditure must be met from local resources. The medical officer in charge of a clinic must have had the necessary training, in the treatment and diagnosis of leprosy, in the School of Tropical Medicine, Calcutta. He will attend the patients at least twice a week on specified days and time. If possible, he can attend to 2 to 3 such clinics in a week. The medical officer and attendant will be the employees of the local body, which has established the clinic. It is reported that several local bodies have already come forward with proposals for availing themselves of the above offer of the Government.

*In 1942*, the training of medical officers in leprosy work and the establishment of leprosy clinics were taken up. During the year, schemes for seven leprosy clinics in Murshidabad district and 6 in Mymensingh district, were sanctioned by Government. The Provincial Branch of the British Empire Leprosy Relief Association was granted a sum of Rs.10,000 during the year under review.

**Central Provinces.**—*In 1941*, the number of leprosy treatment centres increased from 44 to 56. The Inspector General of Civil Hospitals took up the

question of training the entire medical personnel under him in all the district headquarters. It is also proposed to give an additional training in suitable centres for a period of seven days under a leprosy specialist of the Province. The Leprosy District Councils are reported to be doing propaganda work on systematic lines in their areas. The Amraoti and Yeotmal District Councils are particularly mentioned in this respect.

*In 1942* the number of leprosy treatment centres in Central Provinces further increased from 56 to 60. The areas of Kurud in Raipur district and Khasikhed in Amraoti district were taken up for special epidemiological survey by Dr. Santra of the British Empire Leprosy Relief Association. During the year, leprosy training classes were held by the leprosy specialist of the Province in the district of Amraoti. The response is said to have been encouraging. It is reported that owing to cholera epidemics more training classes could not be held. The activities of the leprosy district councils were the same as in the preceding year.

**Bombay.**—*In 1941* the Provincial Council of the British Empire Leprosy Relief Association carried on its work on usual lines. The number of treatment centres in Government dispensaries during the year was 108, and 1,818 patients were treated at these centres. The number of centres managed by the British Empire Leprosy Relief Association was 46, where 3,397 old and 1,883 new cases were treated. The special leprosy officer of the Province, appointed by Government carried out a leprosy survey in Satara and Sholapur districts. Propaganda against leprosy by magic lanterns, lectures and distribution of leaflets formed part of the programme.

*In 1942* the number of treatment centres for leprosy in Government dispensaries in *Bombay* was 80 and 1,838 patients were treated at these centres. The number of centres managed by the British Empire Leprosy Relief Association was 43, where 3,550 old and 1,662 new cases were treated. The special leprosy officer visited the districts of Sholapur, East Khandesh, Ratnagiri, Nasik, Ahmednagar, Poona, Bijapur and West Khandesh. One hundred and two villages were surveyed comprising a population of 235,000. Propaganda work was carried out by the British Empire Leprosy Relief Association by means of lectures and lantern slides and instructions for taking early treatment at nearby centres were also given.

**Madras.**—*In 1941* activities connected with the control of leprosy were similar to those in the previous year, and the Public Health Department co-operated in this work by intensive propaganda. Among the activities of the British Empire Leprosy Relief Association, Madras, Provincial Branch, the following may be mentioned :

> In the Childhood Leprosy Investigation Centre, at Saidapet a special study of childhood leprosy was undertaken. A rural leprosy investigation was carried out at Madurantakam. The object of the investigation was a detailed survey plus an endeavour to find out a simple but effective method of segregation. An urban leprosy investigation was carried out at Madras. Four hundred and seventy clinics functioned during the year in Madras province.

*In 1942*, the Silver Jubilee Clinic, Saidapet, Madras, carried out epidemiological studies in five areas. The incidence of leprosy varied between 2·5 and 6·7 per cent. The proportion of cases in children varied between 21·9 and 48·8 per cent. and the proportion of open cases between 14·3 and 24·8 per cent. Studies of the factors influencing the transmission of disease have been made on

the basis of these survey-findings. The Rural Leprosy Investigation Centre, Pollambakkam, carried on routine survey work and attempts to control leprosy in the area by night-isolation were continued. It is said that some measure of compulsion is necessary to secure this. The Urban Investigation Centre, Madras detected and supervised the cases of leprosy in Corporation Schools. The Children's Leprosy Sanatorium, Ettapur has now provided for 27 cases and admits children from the whole of Salem district.

The work of the Investigation Officers of Madura, Wandiwash, Cuddalore and Salem has been continued. The Propaganda Officer of the British Empire Leprosy Relief Association (Indian Council) visited Madras and carried out intensive surveys. During the year a short Post-graduate training class was held, attended by 14 doctors. The report of leprosy and its control in India of the Sub-committee of the Central Advisory Board was considered by the Provincial Branch of the British Empire Leprosy Relief Association and was accepted by the Executive Committee and some of the recommendations are being put into force. Three Medical Colleges are organising their own Leprosy Departments.

Public Health reports from Delhi for the year 1941 and from Sind, Coorg, Assam, Ajmer-Merwara and Baluchistan for the years 1941 and 1942 do not specifically refer to the incidence of this disease.

## KALA-AZAR

9. During 1941, deaths registered from this cause numbered in Bengal (16,349), in Bihar (91) and in Assam (40).

The number of deaths registered in Bihar (91) is very much below that in Bengal (16,349), while the number of cases treated in Bihar medical institutions (119,465) is more than in Bengal (105,018). It has to be presumed that registration of deaths under this cause by the village Choukidars in Bihar is very defective, deaths from this disease being probably registered under other causes.

A survey of the incidence of the disease and the measures taken against the same, in different provinces of India, based on the reports of the Directors of Public Health, is given below :

**United Provinces.**—*1941.*—Three kala-azar clinics continued to function in Gorakhpur and 2 in Benares. Diagnostic, curative and educative work was carried out.

*In 1942* three rural development travelling dispensaries were employed exclusively for kala-azar treatment in districts of Gorakhpur and Benares.

**Bihar.**—*1941.*—Twenty-kala-azar centres functioned during the year, namely 8 centres in the district of Purnea, and 4 each in the districts of Darbhanga, Muzaffarpur and North Bhagalpur. These centres were opened in 1939-40, each has 2 sub-centres attached to it. Most of the centres continued to work where they were originally started but some were shifted to other areas where the incidence of the disease was found to be high, their work in the original areas being successfully concluded. Kala-azar centres, also gave treatment to Malaria and Hook-worm cases while at Malaria centres, permanent hospitals, and dispensaries, free treatment for kala-azar was also offered.

*In 1942* twenty Government kala-azar centres functioned. A large number of kala-azar patients, however, either do not attend the centres, or avoid attendance after partial treatment. Accordingly an intensive campaign in Kanti area of

Muzaffarpur district was started in the latter part of July as an experimental measure. If this proves to be a success, it is hoped to have similar schemes started elsewhere in North Bihar.

**Bengal.**—*1941.*—Of late years a slight recrudescence is reported to have been particularly noticeable in the districts of Faridpur and Chittagong. Faridpur district has also suffered severely from malaria during the past two years. A special kala-azar survey was carried out in this district and a scheme for an intensive anti-kala-azar campaign was drawn up. During this special survey 3,751 suspected persons in 125 villages were examined, of whom 1,097 were found to be suffering from kala-azar. The special kala-azar scheme working in the Darjeeling district was continued during the year 1941, at a cost of Rs.17,000 financed entirely by the Government of Bengal. A total of 1,691 kala-azar cases were treated and 1,272 cured during the year, in the 21 treatment centres and 3 subsidiary centres in this district. Government grants totalling Rs.75,000 were distributed among the different district boards and the Central Co-operative Anti-malaria Society Limited to maintain treatment centres in areas affected by the disease. Drugs costing Rs.28,000 are also reported to have been distributed for kala-azar treatment.

*In 1942* it was again thought that kala-azar was on the increase in the majority of the districts of Bengal, more especially in Faridpur, Tippera and Khulna. Government sanctioned a sum of Rs.1,25,000 for anti-kala-azar measures during this year. Of this, a sum of Rs.75,000 was distributed as in previous years among the various district boards and the Central Co-operative Anti-malaria Society Limited. A sum of Rs.28,000 was set apart for the purchase of kala-azar specifics in addition to the normal grant, and a sum of Rs.3,000 was given to the Indian Research Fund Association, for the same purpose.

**Central Provinces.**—*1941.*—Forty deaths were reported this year as compared with 12 in the preceding year. The districts which reported cases were Nagpur, Wardha, Chanda, Chhindwara, Mandla and Yeotmal. These cases were not medically verified.

*In 1942* only seven fatal cases of kala-azar were reported from Nagpur and Yeotmal districts.

**Assam.**—*1941.*—The number of deaths registered from kala-azar would seem to indicate that the disease is subsiding in the Province. Additional staff were provided during the year, for more extensive survey work.

The number of kala-azar cases treated in this province during each of the five years ending with 1941, is given below :—

| *Year* | *Number of cases treated* |
|---|---|
| 1937 .. .. .. .. .. | 12,051 |
| 1938 .. .. .. .. .. | 17,268 |
| 1939 .. .. .. .. .. | 17,756 |
| 1940 .. .. .. .. .. | 21,149 |
| 1941 .. .. .. .. .. | 16,470 |

The large increase in the number of cases in 1938 was thought to indicate a recrudescence of the disease and in 1939 ten extra Sub-Assistant Surgeons were sanctioned by Government for opening new dispensaries and for intensive survey work to check the spread of the disease. In view of the further increase in

kala-azar in certain parts of the Province in the subsequent years further additional staff was sanctioned in 1941, as a temporary measure till 31st March 1943 and 7 new Public Health Department dispensaries were opened. In 1942 some of these dispensaries had to be closed for three to four months on account of a serious outbreak of cholera and also on account of the deputation of a large number of Sub-Assistant Surgeons to military duty and for work in connection with the 'Refugees Relief Association'. Substitutes could not be appointed in their place, on account of the paucity of candidates.

In June 1942 Swaminath, Shortt and Anderson announced that they had successfully transmitted Indian Kala-azar to man through the bites of infected Phlebotomous argentipes. Experiments had been carried out on six volunteers and the transmission was completely successful in 100 per cent. cases. This most important piece of work seems to establish finally the already tentatively accepted conclusion that the usual method of transmission of Kala-azar is by the agency of the sandfly P. argentipes in India.

Public Health reports from Orissa for the years 1941 and 1942 do not specifically refer to the incidence of this disease.

## SECTION III

### Health Activities of the Central and Provincial Public Health Departments

### INTRODUCTION

10. The Fourth Meeting of the Central Advisory Board of Health was held in Calcutta on the 26th, 27th and 28th January, 1942 under the Chairmanship of the Honourable Mr. N. R. Sarkar, Member in charge, Department of Education, Health and Lands, Government of India. The Hon'ble Mr. S. K. Basu, Minister-in-charge of Public Health and Local Self-Government, Bengal, welcomed the Members of the Board on behalf of his Government to the metropolis of Bengal. The Chairman, on behalf of the Central Government and of the different Provinces and States, thanked the Bengal Government for arranging for a meeting in Calcutta and expressed gratification that inspite of difficulties due to the war, different Provinces and States had sent their representatives thus indicating that their interest in the furtherance of public health work had not decreased.

The Board discussed Committee Reports on Leprosy and its control in India and the medical inspection of school children and the teaching of hygiene in schools. It also passed resolutions on (1) the improvement of sanitary conditions in known endemic areas of cholera, (2) on water-supplies in rural areas, (3) on the necessity for an All-India Nursing Council, (4) on the control of mosquitoes in rural areas, (5) on the zoning of industrial areas, (6) on the work of health units in India, (7) on compulsory revaccination against smallpox, (8) on the desirability of including in the Annual Provincial Public Health Reports more information regarding the sanitary administration in urban areas and (9) on the prevention of persons suffering from contagious diseases from travelling in public conveyances. These resolutions are to be found in the report of the Board.

## Rural Health—Health Units

11. In areas chosen for health units, there is usually a population of about 40,000 and the annual expenditure on the unit is about Rs.30,000. Difficulties continue to be met with in the recruitment of staff, particularly health visitors and midwives for these units. This means that certain health units do not function efficiently all the time. It will, however, be seen from the account of the activities of the different health units given below, that these organizations serve a useful purpose by stimulating intensive health work in local areas, by evoking popular support for health measures, by providing opportunities for the training of personnel for rural health work and by investigating various rural health problems. An expenditure of Rs.30,000 per year on a health unit serving a population of 40,000, makes it necessary to limit activities.

*During 1941*, Health units functioned in the provinces of Delhi, Bengal, Bombay, United Provinces and Madras. Those in Delhi, Bengal and Bombay were helped by the International Health Division of the Rockefeller Foundation. Those at Madras and United Provinces continued their usual activities without financial support from the Rockefeller Foundation as the five years' period of cooperation with the Foundation had expired.

**Delhi**—*1941.*—The Najafgarh Health Unit in Delhi Province had a full staff employed for some months *in 1941* and made good progress. The unit acts as a centre for field practice of rural uplift work for students of the Lady Reading Health School, the Lady Hardinge Medical College, the Lady Irwin College and the Normal Training School at Najafgarh. The unit area was free from epidemic diseases and there has been an appreciable improvement in both sanitary conditions and housing in the villages. Maternity and Child Welfare work and the health of school children have also improved. Effective antimalaria work was carried out and better facilities were provided for training students in rural health work. There is evidence of growing local interest and appreciation in the activities of the unit. Special mention is made of the installation of ventilators, the provision of fire-places with flues, bath platforms, bore-hole latrines and manure pits. The scarcity of qualified maternity staff, especially Health Visitors willing to work and face the hardships of life in rural areas, continues to handicap progress in maternity and child welfare work. Seventeen indigenous *dais* are reported to have been under training in the different centres in the unit. A special investigation was carried out into the nature of anaemia among expectant mothers and it was found that the prevailing type was microcytic.

The Najafgarh Health Unit was extended for 5 years from the 1st April, 1942 by the Government of India. During 1942 the birth, death and infantile mortality rates were 47·1, 34·5 and 176·0 respectively as against 48·3, 26·4 and 121·0 respectively for 1941. The area was badly affected during the year by an epidemic of malaria. Active antimalaria work was undertaken.

Of the school children examined in the health unit area 19 per cent. showed external eye diseases and 24 per cent. defects of personal hygiene. Of the 1,461 pupils examined during the year 425 were recommended for treatment. Lectures and demonstrations were given to the pupil teachers of the Normal School. As usual the health unit provided training in rural public health to students from the Lady Reading Health School, the Lady Irwin College, New Delhi and the Lady Hardinge Medical College, New Delhi.

Frequent leave taken by the maternity staff and lack of trained substitutes adversely affected the progress of work. Only fifty-one per cent. of the total births during the year were confined by the health unit maternity staff as against

50 per cent. in the previous year. Out of 1,753 expectant mothers under the care of the health unit 52 per cent. attended the clinics. The infantile mortality rate among the infants under the care of the unit was 74·2. Three *dais* received training during the year and passed the prescribed test. Cooking classes and sewing classes were held as usual.

**Bengal.**—*1941.*—*The Model Health Unit at Singur* was in its third year of existence. During the year, the birth rate in the Unit was 48·0 *per mille* as compared with 45·9 in the previous year. Vital statistics showed general improvements in the health condition of the population.

The record of maternity and child welfare centres in the unit shows steady progress. The number of these centres increased from 6 in 1940 to 7 in 1941. The number of pregnant women brought under the control of the centres increased from 1,331 in the previous year to 1,430 in 1941. The percentage of confinements which received skilled aid was 27·4 in 1941 against 26·1 in 1940. One hundred and thirty-seven houses and 72 tanks were disinfected. Antimalaria work was done in 3 villages in the Singur Union and in one village in the Balrambati Union. Thirty-three borehole latrines were constructed during the year as an experimental measure to see if such latrines would be suitable for the area. Considerable health propaganda was also carried out in the health unit area.

**Bengal.**—*1942.*—The health unit at Singur maintained the usual number of workers in each category, except in the cadre of health visitors and midwives, where there was a shortage. Home visits by health inspectors and midwives were carried on and over 200 prenatal clinics were held. Thirty-one schools were visited during the year as against 50 in the preceding year and over 1,000 scholars were examined of whom about 50 per cent. were found to possess defects. One hundred and thirty-one borehole latrines were constructed during the year as against 76 in the preceding year. Malaria control work was carried on in 7 villages. The number of deaths recorded as from malaria in the unit area during the year was 152 as against 183 in the preceding year. Health visitor students from the Sir John Anderson Health School underwent the usual field training, each batch remaining in the unit area for one month. Students from the All-India Institute of Hygiene and Public Health, Calcutta, also came for field training and were in camp for about a month. Demonstrations were given to students from other medical colleges and schools.

**United Provinces.**—*1941.*—The health unit at *Partabgarh* continued to work on established lines and to demonstrate what can be achieved through preventive measures. It also served as a practical Demonstration Centre for training in public health work.

**United Provinces.**—*1942.*—Partabgarh Health Unit which was started on 18th July, 1932 is now working under the aegis of the United Provinces Red Cross. During the year popular health education by means of demonstrations, lectures and exhibitions was carried on. The 8 midwives conducted in all 1,248 labour cases, i.e. 49 per cent. of the births in the area. The infantile mortality rate among infants, attended by these midwives is reported to have been 67 as against 236 among the remaining confinements. The training of *dais* was continued. Clinics for healthy babies and expectant mothers were held separately in the different circles of the unit and were both popular and useful. Other activities of the unit consisted in the medical inspection of school children, the organization of Junior Red Cross Groups in schools, training in First Aid in schools and Rural Medical Relief for minor ailments. Village health units were organized and a "Grow more food campaign", was also undertaken.

**Bombay.**—*1941.*—The unit at Sirur is said to be becoming more popular due to the increased staff employed, especially midwives. In all 4 sanitary inspectors, 2 health visitors and 10 midwives worked during most of the year. Only two qualified health visitors were available for employment, in place of the sanctioned strength of four. The other two posts were, therefore, filled by midwives, thus increasing the strength of midwives from 8 to 10. Only 18 per cent. of the 2,211 confinements in the area were attended by unit midwives but this shows an improvement on the 4·8 per cent. attended in 1940. The number of clinics held increased from 107 in 1940 to 152 in 1941. The number of antenatal cases attending the clinics increased from 41 in 1940 to 149 in 1941. There was a slight improvement in the registration of births and deaths during the year. The area of the health unit organization was reduced, so that the population now served by the unit is about 38,000.

**Bombay.**—*1942.*—*The Sirur Unit* seems to be becoming more popular every year. Unfortunately, on account of the absence of some of the midwives, the volume of work in regard to maternity and child welfare decreased and they only conducted 268 labour cases. Wells were improved and pumps repaired. Sixteen kitchen gardens were laid out during the year and propaganda is reported to have been carried out to induce people to have soakage pits. Seven borehole latrines were constructed. Students of the Sanitary Inspectors' Class from Bombay and the Health Visitors' Schools of Bombay and Poona also visited the health centres, for training in rural health work.

**Madras.**—*1941.*—Poonamallee Health Unit continued to work under the supervision and control of the District Health Officer of Chingleput. The personnel of the unit was increased in April and consisted of 2 health inspectors, one Woman Medical Officer, 4 health visitors, 6 midwives, 6 *ayahs* and 5 peons, paid from the provincial funds, with one vaccinator, 3 midwives and 3 *ayahs* paid for by District Board Funds and one sanitary inspector employed by the Poonamallee Panchayat Board. The unit functioned as a Demonstration Centre, and as a training ground for health workers. There were no epidemics of cholera or smallpox during the year. Fifteen attacks and one death from enteric fever were investigated by the King Institute and necessary preventive measures were taken. Sanitary arrangements for festivals in the area were successfully carried out under the supervision of the unit health staff. The protection and development of water supplies received attention. Eleven public wells were covered and fitted with pumps, which were kept in order by a Water Works Fitter, employed for the purpose since 1939. Lectures with and without magic lantern slides, short talks, cinema shows and health exhibitions were held. An additional maternity and child welfare centre was opened bringing the total number of these centres to seven. 74·6 per cent. of the births in the area were attended to by the midwives. The work of the maternity staff is reported to have been much appreciated by the people. The infantile mortality rate during the year was 164 against 161 in the preceding year, the quinquennial average being 178.

**Madras.**—*1942.*—The Poonamallee Health Unit continued to do useful work as a Demonstration Centre and as a training field for public health workers and students. The continuation of the Health Unit scheme with the same staff was sanctioned by the Local Government for the year 1943-44 also. A recommendation of the Central Advisory Board of Health for the expansion of health unit activities by opening a number of such units throughout the province was considered and it was resolved that this may be taken up for further consideration after the termination of the war.

## Rural Water Supplies

**12. North-West Frontier Province.**—*1941.*—Rural supply arrangements continued to be unsatisfactory. Tanks, rivers, canals and wells are used for this purpose. The Director of Public Health recommends that in all Rural Reconstruction Schemes the necessity for providing a proper water supply should always be borne in mind.

**Punjab.**—*1941.*—Since the year 1938 a sum of nearly Rs.5,00,000 has been spent by Government for the improvement of village water supplies and for paving and drainage works in village, under a special development programme. During this period sanitary wells have been provided in nearly 1,300 villages in the province. In addition to the above, since 1938 a sum of over Rs.10,00,000 has been allotted by the Sanitary Board, Punjab for village water supplies.

**United Provinces.**—*1941.*—Improvement of village water supplies received special consideration during this year. The Rural Development Department has made grants for the improvements of drinking water wells in the Rural Development Villages, and the Board of Public Health has made provision for other rural areas. The work of providing protected water supplies in rural areas may thus be said to be making progress.

**Bihar.**—*1941,*—The steadily increasing number of shallow wells of an insanitary nature is reported to have been a major factor in the prevalence of diseases like cholera, typhoid and dysentery. Until bye-laws are framed and enforced to prohibit further construction of these insanitary wells much improvement cannot be expected.

**Orissa.**—*1941.*—As in previous years, the problems of the provision of drinking water in the coastal areas of the province, especially those which are liable to inundation, continued to be a difficult one. Wells have been a failure in these areas. District Boards have been advised to protect tanks exclusively reserved for drinking purposes in these areas by proper fencing and by high embankments, so as to prevent animals and flood water entering therein. Protected tanks should be strictly reserved for drinking purposes only. It is, however, reported that the difficulty of these Boards is a lack of popular enthusiam and cooperation on the part of the ignorant masses.

**Bengal**—*1941.*—The comprehensive scheme of rural water supplies inaugurated in 1938 was continued. More tube-wells and masonry wells were constructed and sanitary inspectors and district health officers are reported to have helped Local and District Water Supply Committees, in formulating Water Supply Scheme.

**Central Provinces**—*1941.*—This year a sum of Rs.41,812 from a Government of India grant for this purpose was sanctioned by the Provincial Government for the improvement of water supplies in rural areas. In addition another sum of Rs.41,354 was sanctioned out of a Government of India grant for the provision of water supplies in Chhattisgarh Division where there is an acute water shortage.

**Bombay.**—*1941.*—The Local Government made a grant of Rs.5,00,000 for the improvement of village water supplies. Six hundred and twenty-nine new draw wells were constructed during the year and one hundred and sixty-five step wells were converted into draw wells.

**Punjab.**—*1942.*—A sum of nearly Rs.90,000 was allocated by the Local Government for Rural Water Supply Schemes, such as the construction of sanitary wells, etc. In addition to the above sum of nearly Rs.1,00,000 was given

to the District Board, Hissar out of the Government of India's second grant for rural reconstruction for the improvement of water supplies in 13 villages of Hissar District. Further the Sanitary Board, Punjab, spent a sum of nearly Rs.2,00,000 during the year on the improvement of water supplies in rural areas. On account of the increase in prices and the difficulty in obtaining materials required for construction of wells, etc., there was a decrease in the number of wells constructed or reconstructed.

**United Provinces.**—*1942.*—Sanitary improvements in villages, including water supplies, continued to be carried out by the rural public health staff in cooperation with the staff of the Rural Development Department.

**Orissa.**—*1942.*—The Local Government accepted a recommendation of the Public Health Department to restrict the multiplication of insanitary tanks, and to encourage the sinking of good masonry wells in rural areas. The Director of Public Health states that a comprehensive rural water supply scheme for the whole province spread over a period of 5 to 10 or more years would be a very important factor in the reduction of water-borne epidemic diseases and many other preventible diseases by affecting a general improvement in the sanitary conditions of rural areas. He has suggested that a Provincial Rural Water Supply Fund should be created as recommended by the Central Advisory Board of Health and all money at present spent from funds of Local Bodies and the Government Rural Development Fund and other sources should be put into this special Fund. The entire Fund should be placed at the disposal of a special committee who should examine schemes and chalk out plans of executive according to the needs of the different Districts.

**Bengal.**—*1942.*—Tube and masonry wells were made with the aid of Government grants and the Sanitary Inspectors and District Health Officers are reported to have helped Local and District Water Supply Committees in formulating schemes for the improvement of water supply.

**Central Provinces.**—*1942.*—There was water scarcity in the districts of Mandla Jubbulpore, Bilaspur, Balaghat, Raipur and Chhindwara. To meet this, the Provincial Government are reported to have made grants. This scarcity was due to inadequate rainfall.

**Bombay.**—*1942.*—Government placed at the disposal of Commissioners a sum of about Rs.5,00,000 for the improvement of village water supplies. Another sum of Rs.8,48,000 was also placed at the disposal of the Public Works Department for the improvement of village water supplies.

**Coorg.**—*1942.*—Fifteen protected wells are reported to have been constructed in rural areas under the Rural Development Fund. On account of the inability of villagers to meet their proportion of the cost of construction work did not progress as well as had been hoped.

## Famine Relief, 1941

13. Famine conditions in *Hissar district of the Punjab* continued to exist and relief measures were continued throughout the year. The distribution of germinated grain was undertaken as in the previous year. This was done through 36 centres serving 219 villages, with an approximate population of 140,000. Later, on account of slight improvement associated with *rabi* crop, the number of centres was reduced to 28 and the distribution of germinated grain was continued throughout the remaining portion of the year in 175 villages with an approximate population of 118,000. Every person over 8 years of age was given, twice a week, one chhatank of germinated grain and children between

3 and 8 years were given half that quantity. For the treatment of night-blindness 330 pounds of Codliver Oil was utilized in the famine areas whilst for the treatment of scurvy (the incidence of which is reported to have become negligible) *Amla* (*Phyllanthus emblica*) powder was employed with great success.

In spite of the fact that in a large part of the district conditions of scarcity continued to be rather severe for the third year in succession there was a decline in mortality compared with the preceding three years. There was also a general decline in the incidence of communicable diseases during 1941 as compared with 1940 except in the case of cholera and malaria. Mortality under the head "Other Fevers" fell and there was a marked decline in the incidence of deficiency diseases. The Director of Public Health, Punjab states that the above facts emphasize the remarkable effects which are produced on a population living under famine conditions, when a change is made in its food supply, which though small in quantity is important in quality.

*Malabar district in Madras Province* was struck by a cyclone and unprecedented floods in May as well as in June 1941. A considerable proportion of the population was rendered homeless, and there was extensive damage to crops. Relief measures were organized by both Government and private agencies. On account of late rains in the dry taluks of Kistna district famine conditions also arose there. The West Godavari District Board organized famine relief work in Chintalapudi taluk.

## Famine Relief, 1942

Heavy rainfall in July and August 1942 in *Hissar district in the Punjab* resulted in the production of good crops. As a consequence famine conditions were officially declared to have ceased to exist in the district from the 1st October, 1942, but relief operations were continued in a reduced form till the end of the month. The heavy rainfall, however, unfortunately resulted in a severe epidemic of malaria such as had not been experienced in the district since 1908. As in the preceding year, the chief preventive measure against deficiency diseases in the area was the distribution of germinated grain, which was continued on the existing scale. Altogether 4,409 maunds of germinated grains are reported to have been distributed. For night-blindness caused by Vitamin A deficiency, 92 lbs. of Codliver Oil was distributed. The annual report of the Director of Public Health, Punjab, has some interesting comments on famine relief experiences.

In 1942 there was economic distress in Dadu and Sukkur districts of *Sind* on account of floods which resulted in the destruction of property and crops. Relief was advanced to the people in the form of food, clothing, fodder and medicines, etc. Seeds for the next crop and the general remission of Land Revenue were also given.

In 1942 famine conditions prevailed in Bellary district in *Madras Province*. Relief camps were inspected by the Director of Public Health and a report sent to Government through the Famine Commissioners, regarding the adequacy of the scale of wages and allowances and the size, position and management of relief work in relation to public health, as required in the Famine Code.

## Health activities in Provinces

14. The health activities of the Provincial Public Health Departments, during the years 1941 and 1942, are briefly summarized below :

**North-West Frontier Province.**—During the years *1941 and 1942*, medical inspection of school children had to be held in abeyance in North-West Frontier Province, on account of the shortage of doctors.

No special staff is employed exclusively for carrying on health propaganda in this province. Public health propaganda forms, however, an important part of the activities of the rural health staff. The staff of the *Epidemic Travelling Dispensaries* delivered lectures on different public health subjects, illustrated by magic lantern slides. Pamphlets published by the Department on the following subjects (i) "Dirt and Disease with special reference to T. B.", (ii) "T. B. and how to fight it ?" and (iii) "Conquest of disease", were widely distributed. Public Health stalls were opened at agricultural and other shows, talks on public health subjects were broadcast occasionally on the All-India Radio at Peshawar.

In 1941 about one-third of the 80 samples of *ghee* analysed at the Provincial Laboratory were found to be adulterated.

**Punjab.**—*1941 and 1942.*—A proposal was made by the Punjab Public Health Department that *a Public Health Corps* should be organized, to be always available for epidemic duty throughout the province. It was proposed to station this corps in different parts of the province in the form of units which could be mobilized, whenever necessary, to deal with recurring epidemics of malaria and other diseases in the province.

Steps were also taken to prepare a draft bill for a Public Health Act for the province.

At the request of the Public Health Department, the Punjab Government have sanctioned a sum of Rs.15,000 as grant-in-aid for the three Public Health Ranges in the province to carry out minor sanitary improvements in rural areas during the year 1943-44.

With a view to reducing fly-breeding, and hence the incidence of intestinal infections, in Lahore and in other large towns of the province, it was proposed that all milch cattle in the towns be removed to specified areas, outside the municipal limits. The matter is under the consideration of the Government.

Proposals were submitted to the Government for the establishment of 16 Health Clinics in rural areas. The staff of each clinic is to consist of a lady doctor, a sub-assistant health officer, a lady health visitor, a sanitary inspector, a nurse *dai*, a clerk, a dispenser, two peons and a sanitary cooly. The Local Government are reported to have approved the establishment of two such clinics, as an experimental measure, in the first instance.

Expenditure on Public Health incurred by different District Boards in the province varies very considerably and bears no relationship to their population. No standards have been laid down for such expenditure and no settled percentage of the income of the District Boards is required to be utilized for public health measures. It was therefore proposed to the Local Government that expenditure on Public Health by these Boards should be fixed at a uniform rate of one anna *per capita*, per annum. The proposal has been postponed for consideration after the war.

Rural health work in the province is carried out in 161 rural dispensaries under the control of the Public Health Department. These dispensaries offer a fairly wide range of medical relief.

The number of registered factories is reported to have increased from 1,045 in 1941 to 1,125 in 1942. The number of factories inspected by the officers of the Department decreased from 346 in 1941 to 256 in 1942, this decrease is due to the fact that the post of Medical Officer of Health for Factories remained vacant throughout the year.

An experiment was undertaken in a selected village of Kangra tehsil, with a population of 2,000 to ascertain the value of Iodised Salt, as a preventive of simple-goitre. A preliminary analysis of the data collected during the first year is reported to indicate an appreciable decrease in goitrous enlargements of the thyroid gland, particularly in the softer varieties.

The Epidemiological Bureau of the Punjab Public Health Department organized and trained 12 anti-malarial units which were employed in various districts of the province at the height of the malarial epidemic in the province in the autumn of 1942. The Bureau also examined nearly 50,000 pathological and antomological specimens.

Public health propaganda was carried out by the Department as in the past years.

**Delhi.**—*1941 and 1942*—In *New Delhi* good progress was maintained in *1941* in the School Medical Service, now in the fifth year of its working. Separate clinics have been started for different schools but some schools are still not cooperating.

The main defects for which treatment was done in the school clinics were respiratory disease, external eye condition, skin diseases and malnutrition; among eye conditions the incidence of trachoma is prominent. The value of milk is not appreciated and the average parent seems to be content with the milk consumed at home and still fails to realize the demands which rapid growth makes on the young school child. The arrangements for supplying pasteurised cold milk without sugar is reported to continue. The New Delhi Municipality supplied 50 lbs. of pasteurised milk free to indigent and ill-nourished children of the municipal schools. Protection against typhoid and cholera was afforded to children whose parents and guardians agreed to the same. The main dental defects noticed were caries, gingivitis and calcium deficiency.

In *Delhi city* routine medical inspection of school children continues as in previous years without any system of "follow-up treatment" and without any provision for special services such as those for disease of eyes and teeth. A scheme on the lines existing in New Delhi is very urgently required here.

In the rural areas of the Province the medical inspection of school children was carried out on the same lines as in previous years. There was an increase in the number of school children inspected during the year as compared with the preceding year. There has been an appreciable improvement in the sanitation of schools and nearly all are provided with suitable drinking water arrangements and latrine accommodation.

In the villages there has been some improvement in environmental hygiene and in housing and villagers are reported to be taking a greater interest in these stimulated by the "Annual Best Village Competition" which was held for the fourth time in succession. Sanitary Inspectors, School Medical Officers and Malaria Staff delivered lectures on health matters as a part of their routine duty. The Health Visitor through her home visits disseminates practical knowledge of hygiene.

During 1941 the number of factories subject to the Factories Act increased from 127 to 150. In all factories the water supply is reported to have been adequate and lighting arrangements and sanitary conditions are reported to have been generally satisfactory. In "ball thread" establishments, which employ about 1,500 workers, mostly women, working conditions are reported to have been improved on account of the vigilance of the inspecting staff. During the year

the Medical Officer of Health, Delhi was appointed as an additional Inspector of Factories.

In 1942 the Raisina Bengali High School joined the New Delhi School Medical Service scheme. During the year there was an increase in the attendance at the Boys Clinic but a decrease at the Girls Clinic, the total attendances being for 1941 and 1942 respectively, boys 26,589 and 30,474 and girls 10,585 and 7,809. As in previous years respiratory diseases, external eye conditions, skin diseases and malnutrition were the main defects noted. The school dental scheme continued to do good work. In Delhi city the School Medical Service continued as in previous years and the introduction of a scheme on the lines of that existing in New Delhi still continues to be an urgent requirement. In the rural areas there is nothing special to note.

In 1942 the number of factories had increased to 184 i.e., 34 more than in 1941. The requirements of the Factories Act and Rules relating to the provision of sanitary facilities were in most cases found to have been complied with.

**United Provinces.**—*1941 and 1942*—Thirteen whole-time School Health Officers conducted detailed medical examinations in 168 out of 185 Anglo-Vernacular Schools. In 19 smaller municipal towns *ex-officio* School Health Officers carried out detailed medical examination in 40 out of 54 schools in 1941. Medical inspection of school children in rural areas was undertaken by the District Medical Officers of Health in their capacity as *ex-officio* School Health Officers for districts. On an average each District Medical Officer examined 3,500 boys in vernacular schools. Among the school children examined in detail in urban areas about 40 per cent. showed defects as compared with 45 per cent. in the previous year. Of these defectives 15 per cent. had more than one defect. In rural areas 28 per cent. were found defective against 22 per cent. in the previous years, and 10 per cent. had more than one defect. About 80,000 school children are reported to have received treatment in the 13 school clinics under the charge of whole-time School Health Officers. A sum of Rs.3,000 was allotted for the free supply of milk to poor and ill-nourished children and for the supply of spectacles to indigent children suffering from defective vision. Health education in school concentrating on the practice of healthy habits was carried out through lectures, by lantern demonstrations and through Junior Red Cross Groups. In rural areas these efforts were supplemented by supplying medical chests to a number of schools. An attempt was made to train teachers in giving simple treatment for defects found at inspection in Naini Tal. A stock solution of 5 per cent. copper sulphate in glycerine was used by these school teachers with good results in the treatment of trachoma.

The Hygiene Publicity Bureau of the Provincial Public Health Department continued to carry out health propaganda. Fairs, exhibitions and other large congregations of people were visited for health propaganda by the usual method of lectures, exhibition of cinema films, magic lantern slides, etc. posters and leaflets, explaining the danger of the spread of cholera through pilgrim traffic to the *Kumbh Mela* at Allahabad and the benefit of anticholera inoculations, were widely distributed to the public and pasted in railway carriages, motor buses, etc. Radio talks were also given on the subject.

As usual the 26 *Provincial Travelling Dispensaries* were engaged in anti-epidemic work and other routine public health duties. They gave antiplague and anticholera inoculations.

The Hygiene Institute examined samples of water disinfectants, stools, vaccine lymph, etc. It also manufactured nearly 10,00,000 doses of cholera vaccine during each of the years under review. A Health Survey in Lucknow City was conducted. Research into the prevalence of goitre in Almora was continued, as also an investigation into the prevalence of typhoid in Naini Tal Municipality.

In 1941, the provisions of the United Provinces Prevention of Adulteration Act were in force in 85 municipalities and 44 notified areas as well as in several towns and rural areas of the province. In 1942 the Act was further extended to 26 new areas in respect of additional articles of foodstuffs. Over 13,000 samples were analysed during each of the years 1941 and 1942 and the percentages of samples found adulterated were 21·7 and 22·0 during the years 1941 and 1942 respectively. In 1942 the District Health Service was extended to three more districts, bringing the total number of districts in which it functions to 40.

Model bye-laws for the regulation and control of flour mills in Municipal areas, for the construction of new houses and additions to old houses and for the registration of births and deaths in urban areas were drawn up and circulated to municipalities for adoption.

District and Municipal Medical Officers of Health in their capacity as *ex-officio* Additional Inspectors of factories inspected the sanitation of factories. To prevent delays in industrial work connected with war efforts the Public Health Department arranged for the mass inoculation of labour against cholera in all industrial concerns. To improve the defective system of examination of drinking water supplies in factories it was arranged to have such examinations done, free of charge, by the Public Health Authorities in all factories employing less than one hundred persons while larger factories were required to pay for such examination.

All the fairs and festivals, which were held during the years 1941 and 1942, passed off without any outbreak of epidemic disease.

**Bihar.**—*1941 and 1942.*—Previous arrangements for School Medical Inspection continued, and 2,013 girl pupils were examined during 1941. 75·8 per cent. were found to be suffering from various ailments such as malnutrition, defective vision, granular lids, carious teeth, enlarged tonsils, anaemia, bronchitis, ring-worm, enlarged spleen, etc., and were recommended for medical advice and treatment. Of these girls 1,353 were found free from these ailments during the next examination during the year, presumably the result of medical treatment after the condition had been reported. Out of 12,743 boy pupils examined during 1941, 5,262 (41·3 per cent.) were found to be suffering from different ailments such as poor nutrition, errors of refraction, eye diseases (trachoma, conjunctivitis, etc.), pyorrhoea and caries of teeth, enlarged tonsils, enlarged glands in the neck, functional heart trouble, etc.

The School Medical Officers delivered lectures on hygiene, sanitation and the common epidemic diseases to the upper classes of the High Schools. During the summer vacation six Medical Officers did public health propaganda by arranging lectures and demonstrations for village teachers, Maulvis and Sub-Inspectors of Schools.

The Public Health Bureau for health propaganda distributed leaflets and pamphlets in different local languages in both rural and urban areas. Pictorial health posters, models and charts, were set out in exhibitions at fairs and

festivals, held in various parts of the provinces. A short summary of the state of the health of the province and the various activities of the department is issued every month for publication in the press through the Director of Publicity of the province.

In *1942* medical inspection of schools continued as in the previous year. Defective scholars were recommended for treatment and lectures on hygiene and sanitation were delivered. The Health Officers of Manbhum District Board carried out inspection of the Middle and Lower Primary Schools in the district. In other districts Health Officers are reported to be making arrangements for the inspection of scholars in the Middle and Primary Schools.

Health propaganda was carried out, as usual.

**Orissa.**—*1941 and 1942.*—The nutrition investigation in the district of Puri was continued from the preceding year.

Public health propaganda was carried on as usual. Innovations and improvements during 1941 are the appointment of a Provincial Tuberculosis Officer and two male Health Visitors; the opening of a Tuberculosis Clinic; the introduction of compulsory vaccination in the rural areas of the districts of Cuttack and Balasore and in the Union Board areas of Koraput district; the extension of the Madras Births and Deaths Registration Act of 1899 to some Union Board areas of Koraput district and a proposal for the interchange of epidemic reports among the District Boards and Municipalities of the province. Voluntary organizations in the form of health societies and health units are being encouraged to develop in various parts of the province.

No alterations are reported in the machinery for school medical inspection except that a scheme for the medical examination of girls in schools in Cuttack, Berhampur and Parlakimedi, by the Government Lady Doctor, employed at the Headquarter Hospitals in these towns was introduced.

The number of students medically examined in 1941 and 1942 was 6,056 and 5,808 respectively. The percentage of students found to have one or more defects was 57·8 and 60·4 respectively. The most common defects noticed were malnutrition, enlarged tonsils, enlarged spleen, carious teeth, defective sight, scabies, vitamin deficiencies, granular lids, etc. There is no provision for the treatment of ailments noted at the inspections. Particular attention is reported to have been given to pupils suffering from leprosy, who were advised to be excluded from school in the interests of the other pupils and to undergo regular and systematic treatment. In the rural areas the District Board Dispensary doctors examined 3,024 students in 1942 of whom 54 per cent. were found defective. Medical Officers also inspected the sanitation of school premises and gave necessary advice to the authorities concerned.

A scheme of appointing Doctor Teachers was introduced in the Province three years ago. In 1942 Doctor Teachers had been appointed to the teaching staff of four English High Schools in the Province. The Director of Public Health, however, favours a modification of this scheme.

Public health propaganda was carried out in the province as usual by lectures, magic lantern demonstrations, etc. Six public health exhibitions were organized in the province during 1942. The public health exhibition at Chandipada was combined with Cattle Show and Agriculture Exhibition and that at Berhampur was combined with the Second Public Health Conference of Ganjam district and was held under the auspices of the Ganjam District Board. Several press notes, pamphlets and health songs were also prepared. One Microphone Set, complete

with a battery and loudspeaker, was purchased and used by the Public Health Department for health publicity work in the province during 1942.

Local Bodies in the province who are responsible for the public health and sanitary requirements of the areas in their charge maintained the minimum requirements of staff for Public Health Administration in their respective areas.

**Bengal.**—*1941 and 1942.*—The Medical Inspection of Secondary Schools for boys in Calcutta, which was being carried out under the Education Department was transferred in March 1941 to the School Hygiene Division of the Public Health Department of Bengal. Out of 9,185 boys examined in the city of Calcutta in 1941, 3,582 were found to be defective. The main defects noticed were poor nourishment, enlarged tonsils and adenoids, enlarged glands, defective eye-sight and enlarged spleen. Thirty-seven pairs of spectacles were distributed free of charge. In 1941 about 9,000 pupils were examined in 22 municipalities by the Health Officers. Of these 28·5 per cent. were found to be well nourished, 54·5 per cent. fairly nourished and 17 per cent. were found to be ill-nourished. In rural areas 2,565 pupils were medically examined during 1941. Of these 32 per cent. were found to be well nourished, 42 per cent. fairly nourished and 26 per cent. poorly nourished. The officers of the Bengal Branch of the British Empire Leprosy Relief Association examined 9,102 pupils and teachers. Forty-four cases of leprosy were detected, giving an incidence of 0·44 per cent. Lectures on leprosy were delivered in the schools, visited by the Officers of the Association.

During the period reviewed the University introduced Hygiene as a subject for the Matriculation Examination. The Rural Sanitary Inspectors visited in all over 5,000 schools and examined about 184,000 pupils.

Health propaganda continued in the rural areas and educational posters, charts, pamphlets on various public health subjects and health models were supplied to 52 exhibitions held during the year. In the big fairs and festivals health propaganda by means of lectures and magic lantern shows was carried out.

A proposal of the Public Health Department to construct a series of septic-tank Latrines on both banks of the Hooghly River for the use of the floating population is engaging the attention of the port health authorities. The general health of the population in the Asansol Mining Settlement is said to have been satisfactory. The creation of an Industrial Hygiene Section in the Public Health Department is under consideration.

Over 5,000 samples of water were analysed, including those from Jute mills and Municipal Water Works, etc. Over 8,500 samples of food were also analysed. The main articles of food analysed were mustard oil, *ghee* and milk. About 34 per cent. of mustard oil and 45 per cent. of *ghee* and 71 per cent. of milk samples analysed were found to be adulterated.

In 1942, a Nutrition Survey was carried out in 7 districts of Bengal, viz., Howrah, 24-Parganas, Nadia, Khulna, Rajshahi, Rangpur and Pabna. Eighteen schools, selected at random by the Indian Statistical Institute, Calcutta, were investigated. The total number of scholars examined was 2,093. The Heads of the families were informed about any defects noticed in the school children.

Two hundred and sixty-seven families, in different grades of life were included in a Diet Survey. The diets of 5 School Hostels in different districts were also surveyed. After the survey the families were informed about the deficiencies of foodstuffs consumed by them and suggestions were made for the improvement

of their diet without appreciably increasing its cost. Fifty-four lectures on Nutrition were delivered in schools and public places. Special Diet and Health Talks were given to the families selected for Dietary Surveys.

**Central Provinces.**—*1941 and 1942.*—The scheme of having one Sub-Assistant Health Officer for each tehsil is in its third year and is favourably reported on.

The Indian Red Cross Society of the Province is also doing useful work and the services of Red Cross workers were utilized during the Baby Shows held at several places in the province. The Red Cross Society maintained 83 Welfare Centres during the year against 79 in the preceding year. Of the total expenditure of over Rs.50,000 incurred for the purpose, Government gave a grant of Rs.32,000.

In 1942, the number of Sub-Assistant Health Officers was the same as in the previous year. The Mechanised Travelling Dispensary in the Province continued to do useful work. The Sub-Assistant Health Officers who are incharge, in addition to treating patients for minor ailments, disinfected wells, performed inoculations and did minor operations in wayside villages and carried out a health propaganda campaign.

During the year the Red Cross Society maintained 82 child welfare centres. Those in rural areas served a group of four to seven villages each. The urban centres are well distributed over the province and are now established in more than one-third of the towns in the province. The 27 rural centres are distributed over 10 out of the 19 districts of the province and serve altogether about 100 villages. Fifty of the urban centres receive substantial grants now from their respective municipalities. The 24 rural centres are also supported by the Local authorities concerned.

The Nursing Centres of the Village Uplift Boards started under the Village Nursing Scheme are reported to be doing good work in Drug, Buldana, and Yeotmal districts. A scheme of Medical Relief for rural areas through the Agency of public-spirited *Vaidyas* and *Hakims* is under the consideration of the Saugor District Village Uplift Committee. The students of the Government High Schools and Colleges in 7 places are reported to have paid special attention to the cleanliness and sanitation of the villages within easy distances of their institutions. There are over a thousand Village Panchayats in the province. These Village Panchayats do useful work by distributing medicines for combating epidemic diseases, improving village sanitation and water supplies and by constructing and repairing roads and drains.

**Bombay.**—*1941 and 1942.*—Health propaganda in schools was carried out by Vaccinators and Inspectors of Sanitation and Vaccination in the course of their visits for vaccination. The Travelling Dispensary Medical Officer of Belgaum district visited over 100 Primary Schools and examined children giving them necessary treatment. Instructions on health and hygiene are part of the curriculum in Primary Schools in this province. Physiology and Hygiene are subjects for the final examination in Standard Seven. In the Primary Training Institute for Teachers, Physiology, Hygiene and Domestic Science have been prescribed as required subjects. Schemes for the medical inspection of school children in Primary Schools, prepared by Local Bodies in consultation with the Director of Public Health and the Director of Public Instruction, were prepared by a number of Municipal Boards and approved by Government for the purposes of grants. A scheme of this kind which has been in operation in Bombay City for a number of years is reported to have been admitted by the Government for the purposes of a grant. In Bombay City nearly 19,000 school children were

examined and the principal defects noted were general debility and malnutrition, dental diseases, diseases of the throat, diseases of the eye, enlarged lymphatic glands, etc.

The Bombay Presidency Baby and Health Week Association is reported to have continued to serve as a Propaganda Body. It organized a campaign of mass-education in the elementary principles and practice of health and hygiene. Lectures on the prevention of plague, cholera and smallpox were given. Cinema films on health and maternity and child welfare topics were also shown. A special feature of the activities during the year was the organization of a large number of rural health exhibitions in selected villages of Ahmednagar, Ahmedabad, Dharwar and Belgaum districts under the auspices of the Rural Development Boards. A number of Sanitary Associations in the province and the branches of the Red Cross Society also carried out health propaganda.

The Bombay Prevention of Food Adulteration Act was enforced in the City of Bombay and in 11 other towns in *1941*. The extension of the provisions of the Act to a number of other towns is reported to be under consideration. An investigation into cheap and well-balanced diets was carried out by the Bombay Presidency Baby and Health Week Association. A number of balanced diets were evolved, which the poor can afford. The main constituents of these diets were whole cereals, ground-nut cake with skimmed milk powder and vegetables.

Three full time District Health Officers were recently appointed while the Civil Surgeons of three other districts have been appointed as Assistant Health Officers in addition to their own duties.

In 1942 a scheme for the appointment of District Health Staff was introduced in Sholapur and Surat districts with necessary subordinate staff under the District Health Officers.

The Bombay Presidency Baby and Health Week Association continued to do good work. With a grant from the Government of Bombay, the Association is reported to have purchased and equipped a Propaganda Van for quick transportation of materials for public health propaganda. The Rural Development Board also carried out propaganda through the medium of magic lantern lectures on the eradication of guinea-worm, turning step-wells into draw-wells, removal of manure pits outside villages, construction of borehole latrines, the necessity for the use of hand-pounded or under-milled rice, etc. The Bombay Sanitary Association visited more than a thousand Private and Municipal Chawls and submitted reports to the authorities concerned. A number of other Associations in the province such as the Broach Sanitary Association and the Arogya Mandal, Poona, also carried out useful public health propaganda.

**Sind.**—*1941 and 1942.*—The permanent retention of two Inspectors of Sanitation and Vaccination who were appointed during the cholera season of 1941, was recommended by the Director of Public Health to the Local Government. The strength of the vaccination staff was raised from 75 in 1940 to 83 in 1941. The question of appointment of a Health Officer to the Larkana Municipality is reported to have been shelved by the Municipality during the year for want of funds. Although the appointment of District Health Officers is now compulsory under law, they have not been appointed in 6 out of 8 districts in the province. The two District Health Officers appointed are reported not to possess Public Health Qualifications.

Public health propaganda was undertaken at Rural Reconstruction Shows where Health Stalls were put up, and demonstrated. Lectures were also delivered.

The Local Government are reported to have sanctioned the formation of separate organizations for health propaganda in the province, with effect from 1942-43.

The officers incharge of dispensaries in the rural areas carried out a monthly medical examination of school children attending Primary Schools in the villages in which such dispensaries are located. This system is reported to require modifications and it is stated that it will be modified in accordance with the recommendations of the Central Advisory Board of Health.

The Local Government are reported to have ordered the free examination of sputa of tuberculosis patients. Further, 5 sample of materials from cases of cholera, plague, cerebro-spinal fever, relapsing fever, typhus, kala-azar, diptheria and typhoid, received from each Local Body, will be examined free of charge at the Chemico-Bacteriological Laboratory, Karachi. Samples in excess of the first five will be examined at the rate of Re.1 per sample. Local Bodies failed to take advantage of this concession and only 4 samples were sent for examination from all Local Bodies during the last 9 months of 1941. This apathy on the part of Local Bodies is said to be mainly due to the absence of properly qualified District Health Officers. Although the appointment of these officers have been made compulsory the District Boards have still failed to act. The Director has recommended that the Local Government should take necessary steps for the appointment of these officers for the District Boards without further delay, as required by law.

Propaganda at Rural Reconstruction Shows, emphasizing the importance of proper nutrition was carried out. The provisions of the Bombay Prevention of Food Adulteration Act are in force in 18 out of the 26 Municipal Towns in the province. No decision is reported to have been arrived at in regard to the scheme for the appointment of Food Inspectors which was submitted to Government.

In the attempt to obtain the cooperation of Local authorities, Sanitary Boards have been formed at all District Headquarter Towns. It is stated that the Board at Karachi functions properly and that meetings are held regularly.

Rural Reconstruction Shows were not held in 1942 so Public Health Stalls could not be put up. Inspectors of Sanitation and Vaccination, however, carried out public health propaganda at the fairs they attended. Although the Local Government had sanctioned a separate establishment for public health propaganda, the scheme is reported not to have materialized during the year, as funds were not allotted. The registration of births and deaths in the province continued to be defective. As a result of a warning given to vaccinators over 4,000 unrecorded births were detected by them and this improved the recorded birth rate in the province in spite of adverse conditions during the year. Municipalities in the province are also reported to have taken steps to improve the registration of births and deaths in their jurisdiction.

The officers in charge of dispensaries in rural areas carried out medical inspection of school children in their areas as in the previous years.

The Food Adulteration Act was extended to one more town, so that the Act was in force in 19 out of the 26 municipal towns of the province in 1942. The question of extending the provisions of the Act to rural areas is receiving the attention of Government.

On the recommendation of the Public Health Department the Local Government are reported to have accepted the proposal for the appointment of Inspectors

of Sanitation and Vaccination as *ex-officio* Inspectors of Factories. Of the Sahitary Boards formed in all District Headquarter Towns in 1941, only the Karachi Board is reported to have functioned properly.

**Madras.**—*1941 and 1942.*—Health Education continued to receive duel attention during the year. On account of the restrictions of lighting in severa places and the difficulty in getting carbide supplies magic lantern shows were curtailed. The Public Health Department participated in the broadcasting programmes of the All-India Radio at Madras and Trichinopoly, by contributing short talks by broadcasting weekly public health conditions in the province and also the conditions of public health at places where important fairs and festivals were to be held, so as to warn intending pilgrims about the prevalence of any epidemics there. One hundred and sixteen talks on public health subjects were thus broadcast.

1941 was the 19th year for the National Health and Baby Weeks in this Province. The programme adopted in the past was thought to be somewhat stale so on these occasions instead of attention being devoted to all aspects of public health it was focussed on specific problems, especially those of local importance. For want of funds and the prevalence of epidemics and war conditions the Health Week, in several Municipalities could not be held. However, several permanent measures of public health utility, such as the construction of maternity and child welfare centres, the construction of latrines, drains, etc. were carried out during certain Health Week Celebrations.

Proposals for the Medical Inspection of Elementary Schools children wore under consideration by Government but orders on the subject have been postponed for the present.

The District and Municipal Health Officers in the province continued to function as additional Inspectors of Factories in their respective jurisdictions and their inspection reports were, as usual, sent to the Inspectors of Factories for suitable action. Women Medical Officers in the districts of Coimbatore, Salem and Tanjore also served as additional Inspectors of Factories. The removal of factories situated outside the industrial areas to industrial areas has not shown appreciable progress. Progress is expected after residential areas are notified in this province under the Public Health Act. The District Health Officers are also *ex-officio* Inspectors of Mines in this province and send their notes of inspection to the Chief Inspector of Mines, Dhanbad.

The Madras Prevention of Adulteration Act was extended to 17 more Local Bodies, increasing the total number of Areas in which the Act was in force to 121. There was little change in the percentage of Adulteration, which was 34 during 1941 against 33·4 in 1940.

The Madras Public Health Act was amended during the year to remedy certain minor defects.

The increase in population as enumerated in the 1941 Census approximated very closely with that calculated from the Birth and Death Records which is claimed as an index of the accuracy of registration in the province. Birth and Death registration is now said to be compulsory under law, practically over the whole of the province and it is expected that this will lead to further improvement. The first two years after the passing of the Public Health Act were spent in framing rules and regulations and in active propaganda with the object of securing public co-operation with the provisions of the Act by persuasion, and it was only during 1941 that provisions of the Act relating to general public health aspects could be systematically enforced.

With the approach of the war to India from the East towards the end of the year, the risk of epidemics coupled with economic distress, the movement of population, the problem of evacuees and a dearth of equipment, such as Cyanogas, Larvicides, Bleaching Powder, etc., combined to throw a severe burden on the Public Health Department.

In 1942 the Prevention of Adulteration Act was in force in 143 Local Areas against 121 in 1941. The total number of samples examined increased from 10,867 in 1941 to 11,796 in 1942. The proportion of adulterated samples was 36 per cent. as compared with the 34·3 per cent. in 1941. The largest proportion of adulteration was in the case of milk. Tablets of coffee which are now being used for coffee powder are reported to have been invariably adulterated. The fines imposed on offenders are said to be on the whole deterrent.

Health propaganda went on in the province as usual. Leaflets on typhoid, food, and nutrition were printed and a large number of leaflets which were lying unused for some years were issued free of cost. The Health Department continued to participate in the broadcasting programmes of the All-India Radio Stations at Madras and Trichinopoly. Health and Baby Weeks were celebrated on a restricted scale, this was on account of the prevalence of epidemics and difficultios in procuring propaganda materials and lighting restrictions.

Other activities of the Provincial Health Staff continued as usual.

Five posts of second class Health Officers for Municipalities in the province and three other posts of second class Health Officers for appointment as Assistant District Health Officers were sanctioned during the year.

**Coorg**.—*1941 and 1942*.—The general improvement in the health of the Province was maintained during the year in spite of small outbreaks of plague, small-pox and typhoid fevers in certain areas and in spite of the fact that malaria and hookworm infections are endemic.

Sanitary Inspectors and Sanitary Assistants carried on public health propaganda during their tours and inspections in rural areas. Health propaganda was carried on at the meetings of the Co-operative Societies, Cattle Fairs and *Jatras*. The Nutrition Research Worker in the province has also carried on propaganda in schools.

Medical inspection of school children is done monthly by Medical Officers in charge of all dispensaries. In addition to inspection, these officers are reported to have delivered many simple lectures to children on various problems relating to health and diseases. Six Public Health films, purchased during the year are being shown to school children and in all large public gatherings.

**Coorg**.—*1941*.—A scheme has been evolved in collaboration with the Education authorities to make treatment available for defective school children and hygiene has been made a compulsory subject in Coorg Schools. A suitable book on "Health" by Charlewood and Kalaya has been adopted as a Textbook. Following the suggestion of Dr. Aykroyd and through the efforts of the Nutrition Officer in the province, some schools, having boarding house establishments are reported to have started vegetable gardens to provide boarders with fresh vegetables. All boarding houses are now reported to be using hand-pounded rice in place of milled rice.

A Public Health Bill is reported to have been provisionally accepted by the local Government and adopted by the Select Committee of the Local Legislative Council. It now remains to be passed by the Legislative Council. The Food Adulteration Act came into force in the Province in all Municipalities, Notified Areas and in some selected rural areas. The high urban birth and death rate in the province is thought to be partly due to that fact that the two towns of Mercara and Virajpet have large hospitals which attract a considerable number of patients from the rural areas. Births and deaths occurring amongst these people are registered in these towns.

'The Civil Surgeon, Coorg reports that the year *1942* cannot be considered to have been a healthy one. Heavy rainfall and the abnormal rise in the price of foodgrains were mainly responsible for the decline in the state of public health. A severe epidemic of small-pox also contributed its quota.

As in previous years, Sanitary Inspectors and Sanitary Assistants carried on health propaganda in rural areas. Health propaganda in schools was also carried out by Medical Officers during their visits to schools for the medical inspection of school children. The Assistant Health Officers also carried out health propaganda, whenever opportunity arose at Cattle and Religious Fairs. Cinema films were also exhibited on health subjects and 9 more films were purchased during the year.

The scheme of "follow-up treatment" introduced in 1941 is reported to have worked satisfactorily in respect of those schools which were situated in villages with a dispensary. In the case of schools situated at some distance from a dispensary the scheme is not working well. At the beginning of the year, 46 schools had been provided with bore-hole latrines and six more latrines were added during the year.

The Public Health Bill passed by the Local Legislative Council in 1942 awaits the sanction of the Government of India. The Food Adulteration Act is being extended to all Local Bodies. In the towns of Mercara and Virajpet the Executive Powers under the Municipal Act in respect of Food Adulteration are reported to have been delegated to the Medical Officers.

**Assam.**—*1941 and 1942.*—General health conditions in the province remained much the same as in the preceding year.

Propaganda work with magic lantern demonstrations continued to be regularly carried out by the Assistant Surgeons of the Public Health Department. The Assistant Directors of Public Health inspected schools and delivered lectures on health and hygiene to the students and the staff.

The Director of Public Health, Assam, in his report for 1942, states that the registration of vital statistics in the province can be improved only if an expansion of the Health Department is sanctioned and District and Sub-Divisional Health Officers and Health Inspectors are appointed. No noteworthy development in the Public Health Administration of the province is reported to have occurred during the year.

Propaganda with the aid of magic lantern demonstrations was carried out in rural areas.

## SECTION IV

### Maternity and Child Welfare

*Maternity and Child Welfare Work in the Provinces*

**15. North-West Frontier Province.**—*1941.*—A scheme sanctioned by the Local Government on an experimental basis up to the end of 1941-42 has been extended for a further period of one year. According to this scheme one child welfare centre is maintained in the Headquarters of each district by the Red Cross Society with a grant-in-aid from Government. Three sub-centres are also maintained by the Red Cross in rural areas. The Provincial *Dais* Training Centre at Peshawar City is maintained entirely by Government. All these centres rendered useful service during the year under report. They treated minor ailments and issued milk to deserving mothers and babies. In rural areas subsidized *dais* did good work and their services were appreciated by the public.

*In 1942* the maternity and child welfare centres worked very satisfactorily. Seven of these centres were under qualified health visitors and three sub-centres in rural areas were under trained *dais*. Centres were inspected twice during the year by the Inspectress of *Dais* of the province. Twenty-one practising *dais* appeared for the District *Dais* Examination and of these 20 were successful. This centre has trained, since 1936, 84 *dais*. From October 1942 women of higher educational standard have been selected for an eighteen months training course for the Central Midwives Board Diploma in Midwifery.

**Punjab.**—*In 1941* there were 106 maternity and child welfare centres with 137 sub-centres. Work in these centres, which includes the training of *dais*, is controlled by health visitors trained at the Punjab Health School. During the year 1941, 14 students were trained at the School, all of whom successfully completed the course for the Health Visitors' Diploma. Of the 935 *dais*, who were examined by the Punjab Central Midwives Board for the "Trained *Dais* Certificates", 751 including 353 village *dais* were declared successful. The total number of certified *dais* in the Province in 1941 was 3,394. Grants-in-aid amounting to Rs.24,482 were disbursed by the Public Health Department to Health Centres during the year. Proposals were sent to the Local Government for the Provincialization of the Health Visitors' Service and for the expansion and development of maternity and child welfare work in the Province. It is hoped to establish one Maternity and Child Welfare Centre in each *taluk* and in addition, one centre in each town with a population of 10,000 to 50,000, and more than one centre in towns with a population of 50,000 or over.

*During 1942* the number of maternity and child welfare centres increased from 106 to 110. All were in charge of Health Visitors, who in addition to their routine duties also took an active part in the distribution of quinine during the epidemic of malaria. This year 11 students attended the Health Visitors' Course at the Punjab Health School and all were successful in the final test. The total number of certified *dais* in the Province during the year was 5,066. Grants-in-aid amounting to Rs.25,000 were disbursed by the Public Health Department during the year. Proposals relating to the expansion of the Punjab Health School and the extension of the Maternity and Child Welfare Service were sanctioned by the Government, but the provincialization of the Health Visitors' Service is still under their consideration. The proposals for the expansion of the

Maternity and Child Welfare Service include the establishment of 126 additional Maternity and Child Welfare Centres of which 90 are to be in rural areas, one in each of the 90 tehsils of the Province in which no centres have so far been established, and the remaining 36 in towns with a population of between 10,000 and 50,000 in which no centres exist. The establishment of these centres is to be spread over a period of five years from the year 1943-44 at the rate of 18 per annum in rural areas and seven per annum in urban areas at a total estimated cost of Rs.3,15,000. However, as only limited funds were available during this year, the first year of the scheme, the number of centres opened was reduced to 10. It is hoped to introduce the remaining establishments during the next four years. The Punjab Government have also accepted a proposal to provide accommodation and teaching facilities in the Punjab Health School for 25 additional health visitors for the 25 centres to be opened each year.

**Delhi.**—*1941.*—Good progress continued to be made by the Maternity and Child Welfare services in New Delhi. The proportion of confinements conducted by the centres was 67 per cent. against 60 per cent. in the previous year. The number of home visits increased from about 30,000 to about 34,000. There were no maternal deaths amongst the cases conducted by the centres whilst the maternal mortality rate for the whole of New Delhi was 2·2 per thousand confinements. The infantile mortality rate in New Delhi during the year was 68 per thousand as against 84 in 1940. Among the infants cared for by the Materinity and Child Welfare Service, the mortality rate is reported to have fallen to 47 per thousand as against 51 in the preceding year.

Some improvements are reported to have taken place in the Maternity and Child Welfare Work *in Delhi City during 1941.* More home visiting was done by the Health Visitors. However, maternity and child welfare work in this area requires considerable improvement in all directions and the Chief Health Officer, Delhi Province, hopes that before long, recommendations made in the past will be given effect to in full.

*In 1941* in the rural areas in *Delhi Province* the infantile mortality rate among infants confined by the maternity and child welfare centres, was 105 as against 174 for the whole area. However, much reliance cannot be placed on these figures as the work of registration is done by illiterate and ignorant part-time chowkidars. The number of home visits increased to 29,854 during 1941 as against 26,826 in the preceding year. During the year 14 indigenous *dais* were under training, of whom seven appeared for the examination and three passed. Health Visitors continued to help in the campaign against malaria by distributing quinine and by helping in the spraying of houses during the malaria season. They also conducted health propaganda. An exhibition on an unusually large scale was held in Narela Thana. The two Health Centres maintained by the Delhi Health Society were taken over by the District Board from the 1st April, 1942. These two Health Centres are reported to have continued to do good work.

*During 1942* satisfactory progress continued to be made. The construction of three centres was completed. In Delhi City work still requires improvement and recommendations made in the past have yet to be put into effect.

In the rural areas other than Najafgarh Health Unit Area there were five centres at work and the number of cases confined by the staff rose slightly from 1,198 in 1941 to 1,207 this year.

Owing to an increase in the number of births the percentage of cases confined by the centre staff fell slightly to 16·2. This figure is unsatisfactory and a difficulty in improving it is the continued practice of uncertified *dais* which should be prohibited by bye-law.

**United Provinces.**—*1941.*—The Director of Maternity held executive and supervisory control over maternity and child welfare work. Twenty-two medical women, 21 health visitors, 199 assistant midwives and 61 *dais* engaged in this work in urban areas. In rural areas, there were 161 Assistant Midwives and 85 *dais*. The services of women doctors in hospitals were utilized for domiciliary midwifery service in difficult cases, in places where no Red Cross Women Doctors were employed. Normal cases in this province are ordinarily conducted by assistant midwives while abnormal cases are sent to the local Women's Hospitals. The total number of maternity centres in the province in 1941 was 331, including 24 Rural Development Maternity Centres. Of these 171 were rural and 160 urban centres. Ante-natal and post-natal clinics were held at these centres and work was also done in the homes of the women. Six assistant midwives qualified from the Silver Jubilee Health School in the province as Health Visitors. The training of indigenous *dais* is carried out at this Health School, at the health unit and at various maternity centres. A sum of Rs.1,55,443 was distributed as grants to Maternity Centres by the Local Government towards which sum the Provincial Branch of the Indian Red Cross Society contributed about Rs.15,000. In addition a sum of Rs.1,27,969 was also spent on maternity and child welfare service by Local Branches of the Red Cross. The staff of the maternity centres of the province conducted 55,708 confinements during 1941 while the number of confinements not attended in the same area was 101,667. The infantile mortality rate among infants attended to by the maternity centres was 45 while the rate among those not attended to by the maternity centres was 459 per 1,000 births. The maternal mortality rate among the confinements conducted by the staff was 3·2 per 1,000 against 7·7 in un-attended cases in the same area.

*In 1942* there were 320 Red Cross Maternity and Child Welfare Centres and 24 Rural Centres. The Government grant to the Red Cross Society for this work was increased from Rs.1,22,600 to Rs.1,52,600. The increased grant was intended further to strengthen, consolidate and expand maternity and child welfare work. Special efforts are reported to have been made to train maternity staff in First Aid and Home Nursing so that their services could be usefully utilized in emergencies. Thus good work encouraged by local Government contributions continued to be done during this year.

**Bihar.**—*1941.*—No organized child welfare and maternity service existed in the rural areas of *North Bihar Circle.* An attempt was made, however, during the year to train *dais* and *Chammains* in rural areas in Darbhanga and Champaran, and 438 *dais* and 300 *Chammains* were thus partially trained by means of simple lectures and occasional demonstrations on actual labour cases. In the Chhota Nagpur Circle, maternity and child welfare centres worked in Ranchi and Hazaribagh Mines Board areas. In the Collieries at Giridih, Bhurkunda and Argada, maternity and child welfare work is reported to have been carried out. In the industrial town of Jamshedpur the maternity and child welfare clinic is doing good work. The clinic is in charge of a Medical Officer of Health. Maternity and child welfare work in the Jharia Mines Board of Health area was carried out in 11 Centres.

*In 1942* maternity and child welfare centres started in *South Bihar Circle* under the auspices of the Bihar Maternity and Child Welfare Society, continued to function well in the towns of Patna, Monghyr and Arrah. It has, however, not yet been possible to start an organization for this work in the rural areas of South Bihar Circle. As in the preceding year no organized child welfare and maternity service existed in the rural areas of North Bihar Circle. The partial training of *dais* and *Chammains* by means of simple lectures and occasional demonstrations on actual labour cases was continued in the rural areas of Champaran and Darbhanga. Maternity and child welfare centres worked in Ranchi and Hazaribagh Mines Board area. The Collieries at Giridih, Bhurkunda and Argada carried out maternity and child welfare work efficiently under the Health Officer, Mines Board. The large maternity and child welfare organization in the industrial town of Jamshedpur continued to function.

**Orissa.**—*In 1941* Maternity and Child Welfare work continued as usual in all the maternity and child welfare centres in the province. The building for the maternity and child welfare centre at Cuttack which was under construction in 1941 was completed in the beginning of 1942. The appointment of a Woman Medical Officer of Health with special training in maternity and child welfare work to organize this work in the province on right lines was considered by the Local Government. They are reported to have accepted an offer made in this connection by the Central Council of the Lady Dufferin Fund.

*In 1942* 15 Maternity and Child Welfare Committees functioned at the Headquarters of districts and sub-divisions. Maternity and child welfare services were also provided in areas in which there were hospitals staffed by Lady Doctors. The standard of the maternity and child welfare service, and of the staff employed, varies at different Centres but the proposal to organize this work on approved lines is still under consideration. The matter of trained personnel continues to be an acute problem in the province. A proposal is under consideration by the Government for the grant of stipends for the training of health visitors and midwives so that suitable candidates may be attracted. The services of a Woman Medical Officer were made available to the province by the Countess of Dufferin's Fund. It is hoped that this will stimulate the development and organization of maternity and child welfare services. Under the Victoria Memorial Scholarship Fund 20 *dais* received training in different districts of the province,

**Bengal.**—*In 1941*, 25 maternity and child welfare centres were working in the province. Of these, five centres were started during the year. All the centres are reported to have been run on approved lines. They rendered domiciliary midwifery services through trained *dais*. Most cases were confined at home but some were dealt with in attached maternity homes. It is stated that on account of the failure of local bodies to report births in time, it was not possible for the health visitors to function really efficiently. A sum of Rs.28,000 was given by the local Government as grants for maternity and child welfare work during the year.

*The year 1942* is the third year of the working of maternity and child welfare schemes in Bengal. Efforts have been made to bring about uniformity and draft rules for the management of Maternity and Child Welfare Committees have been framed and sent to the Local Government for consideration and approval. Proposals were also made to the Local Government to provincialize the service of health visitors. Nine new centres were started in different areas during the year but one centre at Faridpur is reported to have been closed down for want

of co-operation by the Local Committee. Many centres are also reported to have been handicapped temporarily as the health visitors incharge went on leave and no arrangement existed for leave-reserves. Altogether 34 centres functioned during the year. Three more whose opening had been sanctioned by the Government, could not start work for want of health visitors. Thirty more proposals for the establishment of maternity and child welfare centres are under examination by the Public Health Department. The lump sum of Rs.50,000 for the establishment of maternity and child welfare centres has been found to be quite inadequate for Bengal and the Director of Public Health considers that the amount should be increased to at least one and a half lakh, without which sum increasing demands from the local authorities cannot be met.

**Central Provinces.**—*1941.*—The Red Cross Welfare Committee maintained 83 Welfare Centres as compared with 79 in the preceding year. The total expenditure incurred during the year was about Rs.52,000 out of which a sum of Rs.32,000 was given as a grant to the Committee by the Local Government. *Dais* are reported to have been trained at almost all Centres. Sixty-seven *dais* were examined and granted certificate during the year.

*During 1942* the Red Cross Welfare Committee maintained 82 Child Welfare Centres of which 55 were urban and 27 were rural. Most of the rural centres served a group of 4 to 7 villages each. Urban centres are well distributed over the province and more than one-third of the towns now have one. The 27 rural centres are distributed over 10 out of the 19 districts of the province. The 50 urban centres receive grants from the respective municipalities while the 24 rural centres are also supported by their respective local authorities. Ten applications for new rural centres from District Councils had to be rejected by the Provincial Welfare Committee for want of funds. The Director of Public Health states that it is encouraging to note that many of the local authorities now realize the value of maternity and child welfare work and provide a liberal grant for it. Though there is still room for improvement, most of the centres maintained a fair standard of efficiency throughout the year. The training of indigenous *dais* continued satisfactorily at all centres, both urban and rural. During the year the Nagpur Branch of the National Council of the Women in India took over the management of one of the town welfare centres in Nagpur. The Director of Public Health hopes, that this lead will be followed by other educated women in the province and that more effective supervision of these Centres will result from the cooperation of educated women in this work.

**Bombay.**—*1941.*—There were 51 centres directly affiliated to the Bombay Mofussil Maternity, Child Welfare and Health Council. Eleven other centres were affiliated to the Council for guidance and supervision only. The Council aided 51 centres with a sum of nearly Rs.30,000. A touring Lady Doctor was employed full time in the work of supervision and guidance. The Board of the Council are reported to have decided that their aim should be the improvement of maternity services in the village and with this in view they will assist to train women for the Diploma of Midwife and Assistant Midwife instituted by the Bombay Nurses, Midwives and Health Visitors' Council. The Bombay Presidency Infant Welfare Society directed over 4,800 expectant mothers to maternity institutions for confinement in Bombay City, as compared with about 4,000 in the preceding year. Seven students from the Health Visitors' Institute passed their Part I examination.

*In 1942* the total number of centres in Bombay Presidency affiliated to the Bombay Mofussil Maternity and Child Welfare and Health Council was 42.

All the centres were inspected by a touring Lady Doctor and the Honorary Adviser of the Council. The Council distributed to these 42 centres a sum of over Rs.28,079. The Poona Health School and the Sassoon Centre attached to it, are reported to be progressing well.

**Sind.**—*1941.*—As a result of the paucity of candidates for training in midwifery, the value of the scholarships offered was increased from Rs.20 to Rs.30 per mensem and the period of contract was reduced from 5 to 3 years. These changes were advertised and applications invited. Only 5 candidates applied and were selected but one of them, it is reported, failed to turn up. This lack of trained personnel seriously hampers the progress of the 8 years' scheme for the expansion of maternity services in the province. The local Government sanctioned a scheme for the payment of grants-in-aid to voluntary organizations maintaining maternity centres. Only 5 organizations took advantage of this offer. A 10-year scheme for the training of *dais* to be appointed to the places from which they come is under consideration by the local Government.

*In 1942* not one candidate applied for training as a midwife, in spite of the altered terms. It has now been recommended to Government to waive the contract period altogether and the Director of Public Health hopes that more candidates will come forward, if this is done. The offer of the local Government to give grants-in-aid to voluntary associations for the establishment of Maternity Homes in rural areas has had little result. The local Government have not passed orders on the proposal of the Director of Public Health for the establishment of a separate Maternity and Child Welfare Section in his office under the supervision of a qualified Medical Woman.

**Madras.**—*1941.*—Maternity and Child Welfare work progressed satisfactorily. The staff consisted of 67 Women Medical Officers, 69 health visitors and 547 midwives. The number of health visitors and midwives in 1940 was 61 and 548 respectively. Nine Women Medical Officers underwent a post-graduate course in maternity and child welfare during the year. The difficulty pointed out previously in obtaining suitable Women Medical Officers to take charge of maternity and child welfare schemes under local bodies still continues and has been accentuated as medical women are at present required in the Medical Department to take the place of men absent on war service.

Eight health visitors successfully completed training in the Government Training School for Health Visitors during the year and 13 candidates were admitted for the next course. A refresher course for health visitors working with local bodies was held for the first time in the Poonamallee Health Unit Area. Arrangements to make this a routine measure have been made. The work of midwives in maternity and child welfare schemes under local bodies is reported to have improved steadily under the supervision and guidance of Women Medical Officers.

In 69 out of 83 municipalities and in 23 out of 25 districts maternity and child welfare work was carried out by staff appointed by the local bodies according to the instructions of the Director of Public Health.

The work of voluntary associations has been guided and stabilized according to approved schemes. Five centres under these associations were handed over to the local bodies concerned and 5 other centres were opened by local bodies during the year.

The total amount spent by local bodies on maternity and child welfare work in 1941 was about Rs.5,60,000 as against Rs.1,47,000 in 1932. These figures are exclusive of Madras City. The Director of Public Health hopes a recent Government order sanctioning contributions to local bodies equal to a quarter of the total expenditure incurred by them on maternity and child welfare work will act as a further stimulus.

*During 1942* maternity and child welfare work progressed satisfactorily, in spite of difficulties in the recruitment of staff owing to war conditions. Four new centres were opened under local bodies during the year making a total of 223 centres. Since 1932 the number of child welfare centres has been almost doubled. Fifty-one Women Medical Officers, 32 health visitors and 422 midwives worked on approved maternity and child welfare schemes during the year. Eleven health visitors completed the course successfully in the Government Training School for Health Visitors and 12 candidates were admitted for training. Midwives working under the close supervision and guidance of Women Medical Officers are reported to have continued to render good service. 53,082 labour cases were conducted by the 403 midwives employed in child welfare schemes under local bodies. Refresher courses for midwives were arranged for as a routine measure. A sum of about Rs.5,31,000 was spent by local bodies on maternity and child welfare work during the year.

**Coorg.**—*1941.*—During the year 5 midwives were trained at the expense of the local Government for work in rural areas. There were 21 midwives practising in rural areas in addition to those attached to dispensaries and 2 maintained by the Red Cross Society. The Lady Health Visitor appointed to work at Mercara is reported to have done very useful work during the year.

*In 1942* the training of midwives for work in rural areas was continued. It is, however, stated that the work of these midwives is not being appreciated in rural areas as they are reported to have conducted only 22 labour cases in all during the whole year. The work of the Lady Health Visitor in Mercara is said to be progressing very satisfactorily.

**Assam.**—*1941.*—Maternity and Child Welfare Organization continued to be in the hands of the Red Cross Society. There is no Health Visitors' Training School in the Province and there is no provision for the inspection of child welfare centres by the Provincial Public Health Department.

*In 1942* Maternity and Child Welfare Organization continued to be in the hands of the Indian Red Cross Society.

**Ajmer-Merwara.**—*1941.*—The Local Government confirmed and published the Ajmer Municipal Midwives and *Dais* Registration Bye-laws. The number of confinements attended to by trained *dais* was only about 15 per cent. of the total number of confinements in Ajmer-Merwara Municipality.

**Baluchistan.**—*1941.*—There were 3 child welfare centres under the charge of a lady health visitor.

In *1942* there were 4 child welfare centres. In addition there were 12 midwives in the various Government hospitals and dispensaries.

## SECTION V

### Port Health Administration

16. This section deals with quarantine activities at both seaports and airports. In normal times it includes considerable details with regard to these important activities, these are, however, being omitted from the present report primarily for security reasons. The annual reports from the various health officers concerned are available in the office of the Public Health Commissioner.

*1941.*—A *Haj* was held this year and vessels sailed from Bombay, Karachi and Calcutta. The necessary inspections of the ship and its provisions and of the pilgrims were carried out in the ports concerned in accordance with the provisions of the rules of the Government of India for the conduct of the *Haj*. Work in connexion with the issue of deratisation and deratisation exemption certificates continued at the three major ports in spite of difficulties. Every effort was made to carry out this important protective measure with the minimum of delay to the shipping concerned. A great deal of work was done in connection with disinfecting and disinfecting quarters and bedding. Large quantities of provisions and stores were examined both those for use by crews and material intended for other purposes.

At the airport in Karachi measures to protect this country from the introduction of yellow fever were actively prosecuted.

*During 1942* no *Haj* sailings occurred and at the major ports the chief point of interest is the great increase in volume of air traffic at Karachi Airport. Work at the major seaports continued as heretofore. In spite of difficulties arising in individual cases our protective machinery continued to function efficiently. The activities at the smaller ports under the administrative control of the Government of India during these two years do not call for any special reference.

## SECTION VI

### Health Administration on Indian Railways

17. Indian Railway Administration maintain their own health services distinct from civil health authorities. Collaboration with the latter and on occasion with military health authorities is maintained through the establishment of local committees and this has a particular importance in connection with measures to safeguard the health of pilgrims attending large fairs and festivals. The reports of the Chief Medical Officers concerned for the two years under review are in the office of the Public Health Commissioner. The efficient working of railways depends to a very large extent on the health of the many thousands of employees concerned ; comments on the latter in any detailed degree are to be avoided, therefore, under present conditions. During 1941 and 1942 often working under very adverse circumstances the railway health services maintained their tradition of efficiency.

The disease which gives the greatest trouble in all cases is malaria. In spite of difficulties surrounding the supply of materials very active measures against this disease continued to be carried out. The great importance of this problem may be seen from some figures selected at random from the various reports, e.g., in the year 1940-41 one railway reported handling over 8,000 cases

of malaria while in another instance "there was an increase of 2,871 cases under malaria during the year, the actual cases being 12,944 against 10,073 recorded during the previous year." These figures have been mentioned to emphasize the prime importance of this problem.

Railway Health activities cover a very wide field and include the general sanitation of railway areas, the control of food and water supplies, maternity and child welfare work and the training of railway staff in first aid, home nursing and ambulance work. Pulmonary tuberculosis among railway employees has been attracting attention in recent years and one administration had in 1941 the benefit of advice from the late Dr. Frimodt-Muller, Medical Commissioner, Tuberculosis Association of India. He was of opinion that overcrowding in offices was a factor in the spread of tuberculosis among clerical staff and made certain recommendations in this connection.

## SECTION VII

### Health of Jails in British India

18. Space forbids the printing of the tables that usually appear in this section. These tables refer to the accommodation available in jails with an indication of overcrowding, if any ; to sickness and mortality rates per thousand of the average daily population and daily strength respectively and to gains and losses in weight during confinement. The salient features for the years under record with regard to these points are mentioned below.

**Accommodation in jails.**—In 1941 there was some overcrowding in the jails of all provinces except Sind, Assam, Bombay, Madras, and the Central Provinces. It was most pronounced in the Punjab where, however, the provision of temporary camps inside certain jails helped to relieve congestion to some extent. Tents, verandahs, hospital wards and factory sheds were all utilized to combat congestion. The disturbances of 1942 aggravated the problems in most provinces but not to the extent that one might have expected, as advantage was taken, wherever possible, of the premature release scheme to relieve overcrowding. In fact the number of prisoners per 100 units of authorized accommodation actually fell slightly in Bihar and the Punjab this year though the Central Provinces, Madras and the United Provinces all recorded a rise.

**Sickness and mortality.**—During 1941 and 1942 the average number of constantly sick persons increased in all jails except in those of Bombay Presidency where the figure showed no change. This is what we would expect from the increased total population in jail. The chief cause was malaria though, in certain jails, dysentery figured high as a cause of sickness, high, i.e. as compared with more normal years. There is in no instance recorded any very marked rise in the sickness rate, the variation being in the neighbourhood of 17 per thousand of average daily population in 1941 as compared with 20 per thousand in 1942. Mortality rates are calculated on the death rate per thousand of the average daily strength and here no change is recorded for Bengal, Madras and Assam over the 1940 figures. Both the North-Western Frontier Provinces and Punjab showed a rise in 1942 for which malaria was largely responsible, in the latter year Orissa also recorded an unusually high rate.

**Weight of prisoners.**—The percentage of prisoners who at the time of their release from jail showed an increase in weight rose during these years in Madras, fell slightly in the North-Western Frontier Provinces, Bihar and the Central

Provinces while elsewhere it remained the same as in 1940. The percentage of those who actually lost weight rose in the North-Western Frontier Provinces, Sind and Bombay but elsewhere either dropped very slightly or else remained the same as in the previous years.

The general sanitation of all jails is reported in every case to have been satisfactory.

The health of prisoners in the Andamans during the year 1941 is briefly discussed below. The incidence of malaria in the Settlement showed a 36 per cent. reduction over the figures of the previous year which represents the lowest figure recorded. Intensive antimalaria measures in the areas from which a high incidence was recorded combined with hospitalization of patients who had enlarged spleens are thought to have contributed largely towards this. It is interesting however to note that the number of cerebral cases were higher than in 1940 and nine deaths were recorded from this cause as compared with five during the previous year. 1,072 convicts representing more than a sixth of the population in Port Blair were given preventive vaccine against Weil's disease, the vaccine having been prepared from local strains of the organism. Amongst the vaccinated persons seven were attacked with one fatality, this case having developed the disease within a week of his second injection, viz., before the formation in his blood of sufficient anti-bodies. Of the prisoner population in the cellular jail the average daily total during 1941 was only just over half the accommodation available and there was therefore no overcrowding. The constantly sick rate per thousand of average daily strength rose slightly as compared with 1940 but the mortality rate was nil. In 1942 the Settlement was occupied by the enemy.

## SECTION VIII

## Medical Research

19. The brevity of the following comments must be taken as a measure of the economy in paper necessitated by war conditions and not as indicating the relative value of this section in a report on public health in India.

**Cholera.**—Much research has been carried out on the El Tor vibrio which has been held to be responsible for epidemics of cholera in the Dutch East Indies. Vibrios of this type occur in natural waters in India. An investigation has been directed to determine the relative prevalence of this strain in different parts of the country in the sources from which it can be recovered, the time of its occurrence in relation to epidemics and its occurrence in the stools of cholera cases, etc. etc. From results so far obtained it would appear that this type of vibrio is not associated with epidemic cholera in India. Research has been carried out in Madras Presidency and is still in the course of progress to investigate the incidence of cholera in certain areas suspected to be endemic centres. It has already been shown from an examination of cholera mortality figures that an area consisting of eleven neighbouring talukas in three districts in the Presidency forms one homogeneous cholera district in which the prevalence of the disease is not affected by seasonal or other variations. The epidemiological factors responsible for this continuity of infection from year to year are still under enquiry. The value of sulphaguanidine in the treatment of cholera cases has been investigated, the results are still under consideration by the authorities concerned.

**Plague.**—Both sulphathiazole and sulphapyridine have been tried out in the treatment of plague and it would seem that of these two drugs the first is the most useful. Enquiries into the value of antiplague serum have had to be temporarily suspended. Much investigation continues to be carried out in the Haffkine Institute on problems connected with the preparation of antiplague vaccine.

**Malaria.**—In this important subject activity in research has had to be severely curtailed on account of war conditions and the pre-occupations with immediate war problems of the staff concerned. The results obtained by a research unit which has been working in Orissa since 1939 were published in the Journal of the Malaria Institute of India. The Assam Medical Research Society (Malaria Section) continued investigations into the reduction in infection rate by *A. minimus* as a result of spraying coolie lines. The Rockefeller Foundation most generously donated the entire equipment of its malaria research unit at Coonoor as a free gift to the I. R. F. A. for the use of the proposed Southern India branch of the Malaria Institute. Much valuable work on the control of this disease was carried out in collaboration with the military medical authorities.

**Tuberculosis.**—An investigation of tuberculosis in the jute mill industry has been carried out and valuable data has been obtained. An attempt is being made to carry out a similar investigation among a non-industrial rural population of approximately the same social status as that of the jute mill workers in order to obtain a basis for comparison. Other investigations would seem to indicate that the part played by the bovine type of tubercle bacilli in the causation of human tuberculosis in some areas of India at any rate is negligible.

**Leprosy.**—Investigations are being done on the Mitsuda test from which it is hoped to evolve a more specific test for leprosy. The effect of diet on treatment is under enquiry at Chingleput where investigations are also being carried out in connexion with treatment by hydnocarupus preparations.

**Filariasis.**—The relative distribution of the two varieties of filarial infections met with in India, F. bancrofti and F. malayi, has assumed importance in view of Iyengar's finding that the Mansonioides, the principal vectors of malayi infection, are dependent in their larval stages on the acquatic plant Pistia stratiotes. This opens up possibilities of controlling malayi infections by the removal of water plants. The treatment of filarial conditions is anything but satisfactory and research is being directed to the question of the value of a number of drugs.

**Filterable viruses.**—Research continues on the value of smallpox lymph grown on the choric-allantoic membrance of the developing chick embryo as compared with routine calf lymph. Much valuable data has been collected. Preliminary studies are also under way on the virus of influenza while preparations for the manufacture of typhus and yellow fever vaccine are progressing.

**Maternal mortality.**—Research continues on the anaemias of pregnancy and what constitutes a normal blood picture in pregnancy. These activities centre round the All-India Institute of Hygiene and Public Health, Calcutta, Assam, and Bombay.

**Nutrition.**—Very active research continues in this fundamentally important field and deals with the particular aspects of (1) the dietetic habits of the people in different parts of the country, (2) a study of the mal-effects of dietetic deficiencies and (3) research into methods to counteract disease tendencies associated

with deficiency in the diet. Particular mention should be made of work that has been going on into the connection between the high mortality from dysentery and diarrhoea in India and nutritional defects, the connection between tropical ulcer and mal-nourishment and the connection between superficial keratitis and deficiency of riboflavin, a member of the 'B' group of vitamins. Fish has been investigated as a source of protein, fat, nicotinic acid, ionisable iron and copper and parsley as a source of calcium and phosphorus.

**Indigenous drugs.**—Many indigenous medicinal plants and drugs continue to be investigated with a view to determining which, if any, should find a place in an effective pharmacopeia.

Detailed reports on all the above and many other activities which space forbids mention of are to be found in the reports of the Scientific Advisory Board for the year 1941 and 1942 and other records of work of the various investigators concerned.

## SECTION IX

## Voluntary Organizations

### INTRODUCTION

20. It is encouraging to find that voluntary workers and organizations continue to be increasingly associated with local health activities. Maternity and child welfare work, health propaganda, village sanitation, prevention of infectious diseases, medical relief, health management of fairs and measures against malaria, leprosy and tuberculosis represent some of the activities in which voluntary agencies have played an important part in the different provinces.

### Indian Red Cross Society

21. The relief of sickness and suffering in war is one of the primary objects of the Society and measures directed to this end took first place in the Society's activities during these years. The Central Joint War Committee of the Society which is responsible for all Red Cross War work did not, however, neglect its normal peacetime activities. Some of the more important activities during the period under review are described below :

The Society donated 10,000 doses of plague vaccine to combat an outbreak of plague in the province of Chekiang in China in response to an appeal from the Chinese Red Cross. A sum of over Rs.2,500 was cabled for relief of the people rendered homeless in Greece following the terrible earthquake in that country. A further sum of about Rs.12,000 was remitted to the Turkish Red Crescent for earthquake relief in the province of Anatolia.

Arrangements were made to send Rs.1½ lakhs worth of surgical instruments to the Russian Red Cross. This was made possible through an allotment of a sum of rupees one lakh by His Excellency the Viceroy from his War Purposes Fund and a donation of half a lakh from His Highness the Maharaja Holkar of Indore earmarked for Red Cross assistance to Russia. A sum of Rs.1,000 was donated for relief work in connection with the cyclone disaster in the Bakarganj district in Bengal.

There were two major calamities—the unprecedented floods in Sind and the violent cyclone in the districts of Midnapur and 24-Parganas which caused great loss of life and property. The Society contributed Rs.2,000 towards the relief of flood affected sufferers in Sind and Rs.5,000 (including another sum of Rs.5,000 subscribed by the American forces) to the Bengal Branch.

The health publicity work of the Society includes film production, a film circulating library, slide production and still photography. Two new films were produced (1) 'How tuberculosis spreads', (2) 'Prevention of blindness'. A bi-monthly journal is also published while the Red Cross Depot distributes a large amount of health propaganda material. Literature and propaganda material on behalf of the Tuberculosis Association of India and the British Empire Leprosy Relief Association were also issued by the Depot. The pamphlet on tuberculosis was revised and reprinted.

The Maternity and Child Welfare Bureau of the Society continued to do useful work. Over 500 out of 1,000 known welfare centres in India are maintained, subsidized by or affiliated to the Society. The visits of children and parents to the centres and of staff to private homes totalled over ten lakhs.

The Joint War Organization of the Indian Red Cross Society and St. John Ambulance Association (Indian Council) was greatly expanded to meet the increased responsibilities on account of the sudden and rapid developments in the war situation on the eastern frontiers of India. Activities in connection with prisoners of war in Japanese hands were organized and although a system of regular communication did not materialize yet it was possible to send a certain amount of bulk supplies of food, clothing and medical comforts to prisoners of war in the Far East.

In spite of grave difficulties it has also been possible to locate a considerable number of missing as well as many sick and wounded prisoners in various theatres of the war. Enquiries about missing persons or persons believed to be prisoners of war were sent every week to Geneva but lack of cooperation on the part of the Japanese authorities has caused great delays in this work. The supply of comforts to sick and wounded in our hospitals is well organized and work parties have done very well. The output generally has been more than adequate to meet the demands for hospitals in their respective areas.

Fresh problems were created on the loss of Burma when evacuation of sick and wounded soldiers and refugees through Assam and Bengal started. These were energetically tackled and much positive relief was afforded.

### The St. John Ambulance Association (Indian Council)

22. The instructional work of the Association during 1941 and 1942 records yet a further increase for the third and fourth years of war. During the two years 154,124 persons attended 8,893 courses of instruction in first aid, home nursing, hygiene and sanitation and domestic hygiene and sanitation and domestic hygiene and mothercraft. Of these 103,244 persons qualified for the Association's certificates. In addition 2,135 persons obtained Voucher certificates by passing a second examination in first aid, 1,063 secured Medallions by passing a third examination, and 276 obtained Labels by passing a further re-examination. Pendants were earned by 406 persons by passing re-examinations in home nursing, etc. In the A. R. P. course, 5,163 persons attended 263 classes of whom 1,871 qualified for ordinary certificates, 483 for instructors and 30 for vouchers. The Mackenzie School course continued to operate satisfactorily and 23,352 students were instructed and 17,106 qualified for certificates.

During these two years classes were organized at 44 military stations for men of the British and Indian Army. The Railways also showed great activity in this respect. Over 18,000 persons received instruction in first aid of whom 10,714 obtained certificates and other awards. The East Indian, Great Indian Peninsula and the North-Western Railways did particularly good work during this period. Over 700 classes in first aid were held for the members of the police force. The number of policemen who received training in all centres totalled 14,453. Over 70 first aid classes were held in institutions like prisons, reformatory schools, criminal tribes' settlements, etc. in Assam, Central Provinces, Madras, Punjab and Sind. A large number of classes were organized for the training of students in educational institutions in first aid, home nursing, hygiene and sanitation and domestic hygiene and mothercraft. Altogether 659 classes in first aid, home nursing and hygiene and sanitation were held by the various Indian States centres during the year and 171 were held in the various mining areas.

The Stores Depot had another very strenuous year and requisitions for text-books and other ambulance equipment were received from all over India and from Burma, Ceylon and Malaya.

### The Bombay Mofussil Maternity, Child Welfare and Health Council

23. The primary objects which the Council has in view are to promote co-operation and concerted action between different centres engaged in maternity, child welfare and health work in the mofussil and to establish more centres in rural areas. Four important voluntary organizations, namely, the Bombay Presidency Infant Welfare Society, the Indian Red Cross Society (Child Welfare Section), the Bombay Presidency Baby and Health Week Association and this Council are coordinating their efforts to promote maternity and child welfare work in the presidency.

The total number of centres subsidized by the Council during the year was 51 in 15 districts as compared with 49 of the previous year. The centres have engaged 70 registered medical practitioners, either paid or honorary, 31 health visitors, 12 nurses, 25 midwives and 18 secondary *dais*. District committees at Poona, Satara, Ahmednagar, Sholapur and Dharwar continued to function. The inspection of the centres under the control of these committees was carried out by the touring lady doctor of the Council.

The Governing Board of the Council have decided to reduce the grants given to centres in large cities, thereby to release more funds to be used for establishing as many welfare centres as possible in rural areas and small taluka towns. A Welfare Unit was started at Chakan (Poona District) village. The Poona Health School which was started under the auspices of this Council in March 1939 for training health visitors for work in rural areas in the Province continued to do useful work. The school has been recognized by the Bombay Nurses, Midwives and Health Visitors' Council as a training institute for the health visitors' diploma since June 1939.

Since the amalgamation of the Lady Wilson Village Maternity Association with this Council in 1939, the training of *dais* is closely supervised. Efforts are being made to encourage maternity homes conducting 50 or more delivery cases a year to take up this training according to the rules of the Association.

### The Bombay Presidency Infant Welfare Society

24. The work of the Society is conducted under the following heads :— (1) Pre-natal welfare, (2) anti-venereal clinic, (3) maternity relief, (4) post-natal welfare, (5) child welfare, (6) creche and (7) educational.

The Society maintains three maternity homes. The close association of the maternity homes and welfare centres has helped to maintain continuity of supervision over the mothers from the beginning of pregnancy until the end of the post-natal period. None of the homes, however, are as yet a complete unit as difficult cases have to be transferred to larger hospitals. The Society has been able to receive advice and help from leading consultants in obstetrics attached to the Wadia and Motlibai hospitals. An honorary visiting obstetrician for the three maternity homes was appointed from September 1941.

Mothers confined at the maternity centres of the Society are followed up when they leave for their homes or are kept under observation if the delivery happens to take place outside the centres. The health visitor attempts to detect any abnormalities and brings such cases to the centre for correction.

### The Bombay Baby and Health Week Association

25. The Association tries to conduct an organized campaign of mass education in the elementary principles and practice of health and hygiene, personal and public and of maternal care. The problem of nutrition is also engaging its attention. It has Divisional Offices in Poona, Belgaum and Ahmedabad. It maintains two trained operators and keeps complete propaganda materials made up into units. Over 250 centres were helped and advised by this Association in ten districts of the Presidency, and Health and Child Welfare exhibitions were organized and cinema shows were given. During an epidemic of cholera in the Satara district, 63 magic lantern lectures were arranged and in all 86 lectures were given during the year.

A special feature was the organization of a large number of rural health exhibitions under the auspices of the Rural Development Board. The Association organized several one-day health exhibitions and cinema demonstrations for the benefit of mill workers and their families in six big industrial centres.

Research work on 'balanced' diets which was carried out jointly with the Seth G. S. Medical College was concluded during 1941 and the result of this piece of work extending over four years will be published later on.

### Dacca Maternity and Child Welfare Trust

26. During the years 1941 and 1942 the Trust staff attended on 2,242 cases during confinement, or immediately after, out of a total of 9,267 births registered in the city, representing 24 per cent. of all registered births. There were 5 maternal deaths among the centre cases which gives a maternal mortality rate of about 2·2 per 1,000 births against 88 maternal deaths and a maternal mortality rate of 12·5 per 1,000 births among non-centre cases. The work of several indigenous *dais* was supervised during the two years. Altogether 1,674 babies were kept under observation by the health visitors and 2,441 expectant mothers were supervised by health visitors and the medical officer of the Trust who carried out systematic visits in their homes. Two milk kitchens continued to be maintained for the supply of milk free of charge to necessitous mothers and babies.

### The British Empire Leprosy Relief Association (Indian Council)

27. The Indian Council is responsible for, (*a*) research work undertaken at the School of Tropical Medicine, (*b*) the research work done at the Bankura Leprosy Investigation Centre, (*c*) the leprosy survey and propaganda work done by the Leprosy Propaganda Officer and (*d*) the teaching work done at the School of Tropical Medicine and elsewhere.

Research work at the School of Tropical Medicine consisted of attempts to culture the organism of leprosy, experiments on the possibilities of transmission of the disease into animals, therapeutic investigations with different products, immunological studies and clinical observations of leprosy cases and their treatment.

On the request of the Government of Afghanistan an Officer was sent there to undertake epidemiological studies. His findings were the subject of a special report.

Certain epidemiological studies were carried out at the Bankura Investigation Centre. An important finding has been that contact with infectious cases early in life, often in the home, is responsible for most of the new cases arising in this area. Another finding has been that few neural cases become lepromatous (the type that is infectious) and that lepromatous cases are often so from the start or become so very early. Hence, the idea that leprosy can be controlled by treatment of neural cases to prevent them from becoming lepromatous is shown to have little foundation.

The Leprosy Propaganda Officer carried out epidemiological studies of the populations of selected small areas in the plains and in the hills of the Punjab, in the United Provinces, in Assam and in Orissa. These surveys have revealed marked regional variations not only in incidence but also in the type and the age-distribution of cases. The surveys showed that an increase in leprosy in usually indicated not so much by a high proportion of lepromatous cases, but by a high proportion of cases in children.

A course of six lecture demonstrations in leprosy was given to each of the D. T. M. and L. T. M. classes in 1941 also in 1942. A few short Post-Graduate courses in leprosy organized by the Indian Council and held in the School of Tropical Medicine, Calcutta, were attended by medical men from various parts of India and Burma. A course organized by the Bengal branch of the Association was attended by medical officers of various District Boards in Bengal. In co-operation with the United Provinces branch of the Association a course of clinical demonstrations was given at Lucknow to the senior students and staff of the Medical College at Lucknow. Some lecture-demonstrations were given to I. M. S. and R. A. M. C. officers at Calcutta.

The propaganda material published by the Association is stocked at and issued from the Central Red Cross Depot, New Delhi. Several propaganda leaflets were reprinted.

## The Mission to Lepers

28. The report of the Mission is for the two years covering a period from September 1940 to August 1942. The number of leper homes and hospitals, and homes for healthy children of lepers in the various provinces and States in India owned or aided by the Mission to Lepers are shown below :

| Province | Number of Homes | Total inmates as on December 31, 1941 |
|---|---|---|
| Bengal .. .. .. .. .. | 4 | 545 |
| Bihar .. .. .. .. .. | 4 | 1,534 |
| Bombay .. .. .. .. .. | 7 | 669 |
| Central Provinces and Berar .. .. .. | 6 | 2,162 |
| Madras .. .. .. .. .. | 8 | 1,596 |
| Orissa .. .. .. .. .. | 1 | 375 |
| Punjab .. .. .. .. .. | 5 | 726 |
| United Provinces .. .. .. .. | 5 | 937 |
| Indian States .. .. .. .. | 7 | 1,643 |
| Total .. .. | 47 | 10,647 |

The relief to lepers in India is very largely contributed to by this Mission. The care of the healthy children of lepers which the Mission undertakes, is of very great importance as such children on removal from their parents are thereby protected from contracting leprosy. The extent of this work can be gauged by the fact that about a 1,000 healthy children are separately cared for apart from their leprous parents.

### The Ross Institute of Tropical Hygiene, India Branch

29. The Ross Institute Organization in India has now been functioning over a period of 12 years. The following description refers to the period of two years from August 1940 to July 1942.

The India Branch of the Ross Institute offers advice and help to plantation estates and industrial organizations on antimalaria and other public health problems. It is maintained principally out of subscriptions paid by various plantation companies through the Indian Tea Association and the United Planters Association of Southern India as well as by a few other industrial concerns. Technical advice to the subscribing plantation and industrial companies is furnished by the Principal of the India Branch of the Institute and to other undertakings on payment of the prescribed fees.

### The Tuberculosis Association of India

30. The most outstanding event of the year 1941 was the opening of the Lady Linlithgow Tuberculosis Sanatorium at Kasauli. This provides up-to-date treatment for tuberculous patients from all parts of India and acts as a teaching centre for specialized training in tuberculosis. There has been a further increase in the number of institutions in India for the diagnosis and treatment of tuberculous patients. Several post-graduate courses have been held for medical men and courses have also been held in several centres to train tuberculosis health visitors. Pamphlets and leaflets totalling 7,510 and 9,832 posters and charts were sold or supplied gratis to tuberculosis organizations or institutions, schools, missionary societies, health exhibitions, and others. The value of propaganda material sold was Rs.2,245. These are offered at cost price. Some of the Association's propaganda material is being revised in the light of recent advances in the prevention, diagnosis and treatment of tuberculosis and during the year the "Tuberculosis Reader" by Rai Bahadur M. V. Appa Row and the pamphlet "Tuberculosis" published by the Indian Red Cross Society were revised by the Medical Commissioner. News of interest to tuberculosis workers was collected from affiliated provincial and state tuberculosis associations and other sources and sent for publication from time to time to the *Indian Medical Gazette*, *the Journal of the Bengal Tuberculosis Association, the Red Cross Journal, Current Science and the Medical Practitioner.*

The *Indian Medical Gazette* continued to publish a special tuberculosis number at the request of the Association. These special numbers have been very popular and have attracted considerable attention.

The total number of affiliated tuberculosis associations has now risen to 26 comprising 14 provincial and 12 state associations.

There are now 112 tuberculosis clinics and 66 tuberculosis hospitals and tuberculosis sanatoria in India with over 4,000 beds. Besides, there are 1,207 beds in general and isolation hospitals for tuberculous patients and 737 beds for tuberculosis convicts in jail hospitals. In view of the magnitude of this problem in certain areas of India these numbers are small but they represent a beginning under adverse circumstances which augurs well for the future.

## Association for the Prevention of Blindness, Bengal

31. The Association has now completed the twelfth year of its existence. Five travelling eye dispensaries, one for each division in Bengal were started in 1941. Curative treatment for eye diseases is afforded by these dispensaries which are able to reach out into the interior of the rural areas and over 100,000 cases were treated in 1941-42. The Association notes that as each year these activities extend to more and more the remoter villages, its workers meet with the greatest eagerness on the part of people to take advantage of the facilities afforded. Due to lack of sufficient funds these activities cannot be enlarged still further.

The Medical Officers of the travelling eye dispensaries also carry out propaganda in the villages they visit on the causation and prevention of eye diseases. This propaganda work has been reinforced through its Eye Examination and Lecture Unit which was started two years ago. The Association possesses two sets of coloured magic lantern slides entitled, "Care of the Eyes" and "Prevention of Blindness". A new set of magic lantern slides has now been prepared which depict the work of the travelling eye dispensaries in mofussil areas from actual snapshots and photographs taken by the staff of these dispensaries. A special syllabus of lectures for teachers and students of schools in Bengal has been drawn up and lectures are paid out of a special grant made available by the Bengal Branch of the Indian Red Cross Society. Special lectures and practical instructions on the treatment of burns and eye injuries were given to A. R. P. workers. Besides these special lectures and the general lectures in schools, *melas* and other places which form part of the routine propaganda campaign, lectures were also delivered in jute mills near Calcutta for the benefit of the workers. Seventeen varieties of simple and coloured posters were published to instruct the public on the prevention of blindness by drawing attention to the many avoidable causes. These posters have been distributed through various channels free of cost. The Association has published 26 pamphlets and several leaflets in English and Bengali for distribution free of cost. The Association participated in many exhibitions in Calcutta and the rural areas and provided models, booklets, posters etc. for these exhibitions. Cinema films were shown widely in Calcutta and other areas. A new film entitled "Can you see" is being prepared for issue to the five travelling eye dispensaries.

The travelling eye dispensaries have also been utilized to estimate the incidence of blindness in the villages of Bengal. Since 1936, when the first dispensary was started, over 500 villages have been surveyed. The incidence of blindness was found to be 148 per 100,000 which is about double the figure ascertained by the 1931 Census. The criterion of blindness adopted in these surveys was the same as that used at the 1931 Census and consists in naming a person blind who is unable to count the fingers of an outstretched hand when placed close to the eye.

The Association has stressed the necessity for legislation to check the harmful activities of couchers and quacks who destroy countless eyes in all parts of India every year.

NEW DELHI :
*The 11th September*, 1944.

E. COTTER, LIEUT.-COLONEL, I.M.S.,
*Public Health Commissioner with the Government of India.*

25 MAY 1946

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# ANNUAL REPORT

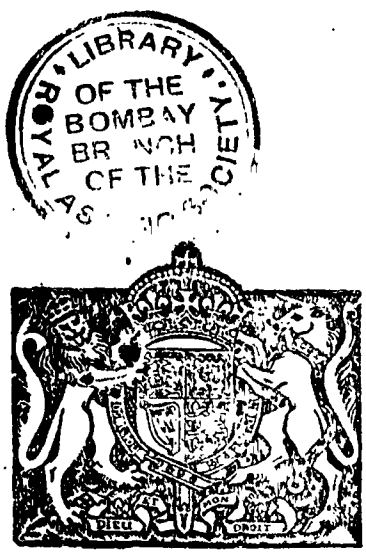
OF THE

# PUBLIC HEALTH COMMISSIONER

WITH THE

# GOVERNMENT OF INDIA

## FOR 1943 and 1944

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# Annual Report of the Public Health Commissioner with the Government of India for 1943 and 1944.

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KEY
MAP OF INDIA
(SHOWING PROVINCES AND DISTRICTS).
REFERENCE
KASHMIR & JAMMU
AFGHANISTAN
BALUCHISTAN
N.W. FRONTIER PROVINCE
PUNJAB
RAJPUTANA
SIND
BOMBAY
CENTRAL PROVINCES
BERAR
HYDERABAD
MADRAS
MYSORE
LACCADIVE ISLANDS
PONDICHERRY
KARIKAL
CEYLON
NEPAL
BHUTAN
ASSAM
BENGAL
BIHAR & ORISSA
CHANDERNAGORE
BURMA
BAY OF BENGAL
ANDAMAN ISLANDS
REFERENCES
Scale 1 Inch = 160 Miles.

# Annual Report of the Public Health Commissioner with the Government of India for 1943 and 1944.

## SECTION I

## INTRODUCTION

1. Since the circumstances which necessitated the publication of a combined report for the years 1941 and 1942 still persist it is necessary to present a combined curtailed report for 1943 and 1944. The statistical data for the two years under review is under compilation but cannot be printed under present conditions.

During 1943 and 1944 India began to be affected by war conditions to an extent much greater than anything that had prevailed before. This was observable in many directions ; a steady rise in the cost of basic food materials ; shortage of and considerable increase in the cost of many articles normally considered essential such as material for clothing, shoes, etc., while the very considerable expansion in war industries aggravated conditions of serious overcrowding in the majority of the urban areas. These events culminated in the development of acute famine conditions throughout most of Bengal. Parts of Madras were also affected severely and Orissa and the State of Travancore experienced similar conditions. Famine is of itself not a problem for health administrators since its occurrence is primarily dependent on the total quantity of food available and facilities for its distribution. Health administrators are, however, vitally interested in any condition of famine since, unfortunately, such is inevitably associated with the appearance of epidemic disease due to causes other than the mere lack of food and events of the later part of 1943 and the early part of 1944 followed this sequence. That in the most affected area, Bengal, there occurred a health disaster of considerable magnitude is clear from the figures shown in table I below. In this table are shown ' reported total deaths by months for the period May 1943 to April 1944 '.

TABLE I.

*Reported " total deaths " in Bengal by months.*

| | |
|---|---|
| May 1943 .. .. .. .. .. .. .. .. | 92,387 |
| June 1943 .. .. .. .. .. .. .. .. | 92,100 |
| July 1943 .. .. .. .. .. .. .. .. | 129,394 |
| August 1943 .. .. .. .. .. .. .. .. | 155,518 |
| September 1943 .. .. .. .. .. .. .. | 176,408 |
| October 1943 .. .. .. .. .. .. .. | 243,758 |
| November 1943 .. .. .. .. .. .. .. | 295,830 |
| December 1943 .. .. .. .. .. .. .. | 331,301 |
| January 1944 .. .. .. .. .. .. .. | 231,311 |
| February 1944 .. .. .. .. .. .. .. | 173,249 |
| March 1944 .. .. .. .. .. .. .. .. | 165,050 |
| April 1944 .. .. .. .. .. .. .. .. | 167,722 |
| Total .. | 2,254,037 |
| Average (1938-42) .. | 1,184,902 |
| Excess Deaths .. | 1,069,135 |

In table II are shown for the same period total deaths in Bengal ascribed to cholera, smallpox and malaria.



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TABLE II.

*Deaths from cholera, smallpox and malaria in Bengal by months.*

| | Cholera. | Smallpox | Malaria (Estimate only). | 'Fevers' |
|---|---|---|---|---|
| May 1943 .. .. .. .. .. | 3,506 | 2,207 | 31,980 | 60,758 |
| June 1943 .. .. .. .. .. | 5,915 | 1,730 | 30,950 | 58,288 |
| July 1943 .. .. .. .. .. | 16,479 | 1,343 | 41,842 | 75,502 |
| August 1943 .. .. .. .. .. | 21,076 | 1,165 | 50,002 | 88,380 |
| September 1943 .. .. .. .. .. | 29,015 | 1,055 | 53,896 | 92,845 |
| October 1943 .. .. .. .. .. | 40,906 | 1,100 | 75,957 | 124,773 |
| November 1943 .. .. .. .. .. | 38,774 | 1,614 | 115,641 | 174,934 |
| December 1943 .. .. .. .. .. | 35,023 | 5,660 | 153,351 | 219,540 |
| January 1944 .. .. .. .. .. | 15,191 | 12,468 | 109,206 | 154,250 |
| February 1944 .. .. .. .. .. | 6,424 | 18,594 | 75,533 | 110,845 |
| March 1944 .. .. .. .. .. | 6,851 | 25,805 | 62,668 | 97,448 |
| April 1944 .. .. .. .. .. | 5,831 | 33,466 | 59,738 | 93,732 |
| Total .. | 224,991 | 106,207 | 860,764 | 1,351,295 |
| Average (1938-42) .. | 53,273 | 7,991 | 388,449 | 748,012 |

A further indication of conditions in Calcutta itself is afforded from a record of those persons who died and whose bodies were disposed of by ' public arrangement'. Deaths of these so-called " destitutes " for the period June 1943 to May 1944 are shown in contrast with those recorded for the period June 1942 to May 1943.

TABLE III.

| | (estimate) |
|---|---|
| Deaths of " destitutes " for the period June 1943 to May 1944 .. .. .. | 19,000 |
| Deaths of " destitutes " for the period June 1942 to May 1943 .. .. .. | 3,000 |

While inevitably some undetermined percentage of deaths must have occurred and never been reported at all it should be realised that the special staff who came into action in the autumn of 1943 and quickly developed the closest touch with persons even in remote areas in the districts did not obtain any evidence to indicate that the grand total exceeded to any great degree the recorded total. It seems then that the heavy mortality of 1,069,135 may be taken as a reasonably accurate estimate of the extent of this disaster in Bengal.

To complete this picture it is necessary to indicate what was happening in other adversely affected parts of the country during this period and table IV below shows recorded deaths for Madras and Orissa for the periods which have been covered in table I.

TABLE IV.

*Reported " total deaths " in Madras and Orissa by months.*

| | Madras Presidency | Orissa. |
|---|---|---|
| May 1943 .. .. .. .. .. .. .. | 85,395 | 14,527 |
| June 1943 .. .. .. .. .. .. .. | 92,855 | 13,361 |
| July 1943 .. .. .. .. .. .. .. | 120,470 | 15,470 |
| August 1943 .. .. .. .. .. .. .. | 112,308 | 21,830 |
| September 1943 .. .. .. .. .. .. | 92,852 | 19,798 |
| October 1943 .. .. .. .. .. .. .. | 97,521 | 24,418 |
| November 1943 .. .. .. .. .. .. | 119,293 | 27,386 |
| December 1943 .. .. .. .. .. .. | 143,908 | 28,611 |
| January 1944 .. .. .. .. .. .. | 119,005 | 25,182 |
| February 1944 .. .. .. .. .. .. | 98,158 | 19,551 |
| March 1944 .. .. .. .. .. .. .. | 99,402 | 20,473 |
| April 1944 .. .. .. .. .. .. .. | 95,103 | 19,689 |
| Total .. | 1,276,275 | 250,296 |
| Average (1938-42) .. | 1,099,448 | 198,150 |
| Excess deaths .. | 176,827 | 52,146 |

It will be seen that while neither of these provinces suffered as severely as Bengal, each was considerably affected and this is further brought out in table V which shows the recorded mortality from cholera, smallpox and fevers for the periods taken in the case of the province of Bengal.

TABLE V.

*Deaths from cholera, smallpox and fevers in Madras and Orissa by months.*

| | Madras Presidency. | | | Orissa. | | |
|---|---|---|---|---|---|---|
| | Cholera. 1 | Smallpox. 2 | Fevers. 3 | Cholera. 4 | Smallpox. 5 | Fevers. 6 |
| May 1943 .. .. .. | 2,878 | 763 | 22,152 | 330 | 421 | 7,808 |
| June 1943 .. .. .. | 4,971 | 574 | 22,909 | 579 | 321 | 6,883 |
| July 1943 .. .. .. | 18,926 | 695 | 25,125 | 2,024 | 299 | 6,615 |
| August 1943 .. .. .. | 12,406 | 650 | 25,605 | 3,072 | 260 | 9,549 |
| September 1943 .. .. | 3,176 | 545 | 22,459 | 2,059 | 250 | 9,426 |
| October 1943 .. .. .. | 4,136 | 528 | 23,489 | 3,690 | 224 | 11,206 |
| November 1943 .. .. | 10,844 | 743 | 28,295 | 3,465 | 227 | 14,409 |
| December 1943 .. .. | 11,991 | 1,023 | 37,001 | 2,557 | 458 | 15,609 |
| January 1944 .. .. | 6,203 | 1,547 | 30,993 | 1,771 | 805 | 13,603 |
| February 1944 .. .. | 2,861 | 1,853 | 26,224 | 1,165 | 976 | 10,397 |
| March 1944 .. .. .. | 1,798 | 2,240 | 26,838 | 1,196 | 1,130 | 11,040 |
| April 1944 .. .. .. | 836 | 2,124 | 26,054 | 575 | 1,611 | 10,632 |
| Total .. | 81,026 | 13,285 | 317,144 | 22,483 | 6,982 | 127,177 |
| Average (1938-42) .. | 15,935 | 3,174 | 296,248 | 6,915 | 4,541 | 103,203 |

Space forbids any detailed description of the counter epidemic measures that were adopted to deal with the situation shown in the tables produced above, but there are a few points which should be mentioned. Due to a variety of causes the civil medical organisation in Bengal was quite unable to deal with the health problems that arose there in connection with the famine and it was the assistance which was derived from the military organisation that eventually turned the scale. Large numbers of doctors and other medical personnel were placed at the disposal of the Bengal Government by the army authorities and while some of these had to be withdrawn from work in the Province some still remain and their presence undoubtedly operated in 1944 to prevent any recrudescence of the dreadful conditions of the earlier period. Certain voluntary bodies notably the Friends Ambulance Association, the Bengal Medical Relief Co-ordination Committee rendered valuable assistance and a scheme to employ as inoculators, vaccinators, etc. (temporary health assistants) persons who had reached the matriculation standard of education proved a very great help. The fundamental question of course was outside the immediate range of the Health Department and was the provision and adequate distribution of food. A Unit financed by the Indian Research Fund Association did much valuable research on the question of the actual treatment of persons in an advanced stage of famine and the results of this work which have been published have been receiving much attention elsewhere.

The drastic measures that were adopted in Bengal were not applied in the case of Madras and Orissa where the situation though bad enough was nothing like as bad as in Bengal. Matters in these two areas slowly improved with an improved system of food supply and distribution. The whole of this subject with particular reference to events in Bengal has been a matter of a special enquiry set up by the Government of

These events underlined the really tragic shortage of trained doctors and ancillary medical personnel in India capable of carrying out effective preventive medicine and medical relief measures. The presence of such insufficient numbers could not have prevented a famine but might have materially reduced the very high loss of life and the large volume of sickness with which the former was associated.

The incidence of malaria in the various provinces will be referred to in the appropriate section. 1942 and 1943 saw the introduction and development of new and powerful insecticides, the general employment of which, when such becomes possible, is likely to materially affect the incidence of this disease. Supplies of the quinine substitute, mepacrine, began to arrive in considerable number and extensive and carefully controlled experiments carried out by the military authorities have demonstrated that in this drug we have a very valuable curative and suppressive therapeutic agent.

Throughout 1943 and 1944 the volume of air traffic to India, mostly of course of a military nature, increased enormously, bringing in its train many urgent and important problems of quarantine associated with measures necessary to safeguard India from the introduction of yellow fever from the West. With the continued close co-operation of the Service authorities of the Royal Air Force and the U. S. Army Air Force these problems were satisfactorily solved as they arose, but throughout both these years there has been a growing strain on the Government of India's quarantine organisation at our major seaports and airports and matters are not likely to be eased in this connection until with the cessation of hostilities it is possible for some new measures to be introduced in this respect. Government is well aware of the very considerable responsibility it carries in connection with the threat of the introduction of yellow fever since there exist in India, and particularly at the likely points of entry, large numbers of the vector mosquito. There is also a large population of a species of monkey which can act as a reservoir of this disease and of course in the absence of its appearance here in the past the many millions of India are non-immune so that, should a case slip through, there is every probability of a most calamitous epidemic arising. It is believed that the measures now in operation should safeguard against this.

The total births and total deaths in British India for 1943 and 1944 with the rates per mille for these years are shown below :—

| | | | Rate per mille. | |
|---|---|---|---|---|
| | 1943 | 1944 | 1943 | 1944 |
| Births .. .. .. .. .. .. | 7,774,586 | 7,677,343 | 25·77 | 25·13 |
| Deaths .. .. .. .. .. .. | 7,108,757 | 7,242,993 | 23·57 | 23·71 |

The total death rates recorded above show a rise over the 1941 and 1942 figures as do the actual recorded totals. There can be little doubt that this rise is to be ascribed largely to events during these years in East India more particularly in Bengal. In the abbreviated report for 1941 and 1942 a reference was made to the fall in the birth rate which fall was continued in 1943 and became slightly more marked in 1944. The facts that can be held to account for a decline in the birth rate which now has been spread over nearly a quinquennium need very careful examination and this matter is receiving the attention that its importance demands.

This brief introduction is closed with a reference to an event which took place in October 1943 which holds forth the prospect of a brighter future for the health services of India. On the 23rd October 1943 there was held in Delhi the first meeting of the Health Survey and Development Committee. This is a Committee which has been set up by Government to investigate every aspect of health problems

in India, a truly formidable and important task. The Chairman of the Committee is Sir Joseph Bhore and the members and those who agreed to co-operate in this nation building activity include some of the best known figures in the medical world in India who in their deliberations have the assistance of certain members of the Legislature. Sir Joseph and his colleagues have embarked on a task the successful completion of which may affect in the future the lives of the 400 million individuals who constitute India's population and their labours must carry the good-will and good wishes of all interested in the future of the country.

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## SECTION II

### History of The Chief Diseases

### CHOLERA

2. **N. W. F. Province.**—In both 1943 and 1944 there were comparatively mild outbreaks of cholera, these occurred in Hazara, Mardan and Peshawar districts in 1943 and in Dera Ismail Khan, Kohat and Hazara in 1944. Prompt control measures soon enabled the affected districts to be declared free. 40,782 anti-cholera inoculations were performed in 1943 and 24,658 in 1944.

**Punjab.**—In 1943 soon after the Somati Amawas Fair at Hardwar (in July) there was a mild but widespread outbreak of cholera, 21 out of 29 districts being infected with 11 districts reported to have been infected directly from Hardwar. The districts worst affected were Lahore, Sialkot, Attock and Karnal, while Ambala and Gujrat were also seriously attacked. The total number of anti-cholera inoculations performed in 1943 was 133,038. In 1944 the infection was imported probably from Delhi Province, the U. P. and Bihar and the peak of the epidemic was reached in September when 25 districts in all were infected. In addition to general anti-epidemic measures 682,897 anti-cholera inoculations were performed. In this year the Sun Eclipse Fair at Kurkshetra was not fo lowed by any outbreak of cholera.

**Delhi.**—In 1943 there was no cholera though on account of infection existing in the neighbouring province of the United Provinces cholera inoculations were offered to the public and 3,125 persons were inoculated. In 1944 cholera prevailed in an epidemic form during the months of July, August and September. In the New Delhi and Old Delhi areas eight military doctors helped the health department in its inoculation drive, the total number of anti-cholera inoculations being 184,305.

**United Provinces.**—With the exception of Almorah all districts were affected in 1943 mainly towards the end of the year, the epidemic reaching its height in October. A total of 908,582 anti-cholera inoculations were performed in addition to the usual measures employed to combat the disease. In 1944 cho era inc dence was slightly heavier—compare 25,705 deaths in 1943 with 40,263 deaths in 1944. Anti-cholera inoculations in 1944 totalled 1,972,809.

**Bihar.**—In 1943 there was an epidemic of great severity, the total recorded deaths being 51,684 the highest figure for any year in the last decade. The epidemic started in May and reached climax in September and October. All districts were seriously infected, those most heavily attacked in order of severity being Purnea, Palamau, Hazaribagh, Gaya, Muzaffarpur, Manbhum and Shahabad. A total of 1,595,448 anti-cholera inoculations were performed during the year. The Government continued to use choleraphage intensively in the effort to try and control this disease. In 1944 there was another severe epidemic and the recorded deaths in Darbhanga, Champaran and Muzaffarpur districts reached the high figure of 23,203 ; 29,574 and 56,176 respectively. Other districts heavily infected were Purnea, Patna, Shahabad,

Gaya, Monghyr, Saran and Bhagalpur. In fact practically the whole of South Bihar Circle was involved in this epidemic. In North Bihar Circle several districts were very heavily attacked. A total of 3,763,346 anti-cholera inoculations were performed.

**Orissa.**—This province in 1943 experienced an epidemic unsurpassed in intensity during the last decade. It was particularly severe in the coastal districts where the first epidemic wave lasted from January to March and the second wave appeared soon after the Puri festival and continued from July to the close of the year. Besides the big festival at Puri heavy monsoon floods and a small cyclone undoubtedly contributed to the intensity of the epidemic. It is possible however that many deaths recorded as due to cholera were in fact due to diarrhoea associated with inanition as food was in very short supply in the province. A total of 688,005 anti-cholera inoculations were performed. In 1944 the cycle of events was very similar though the total recorded deaths in that year was slightly lower than in the previous year. Anti-cholera inoculations in 1944 totalled 650,877.

**Bengal.**—In 1943 cholera was heaviest during the latter half of the year when famine was also at its height. The rise began in July and continued in the following months reaching its peak in October. The districts worst affected were Mymensingh, Rangpur, Bakarganj, Tippera, Noakhali, 24-Parganas and Midnapur. In November of 1943 military and other medical aid and medical equipment became available and an organised drive for mass inoculation was started along with other preventive measures. Nearly 5½ million inoculations were performed in 1943. In 1944 the disease followed the course usually recorded in this province, the districts particularly affected being Bakarganj, Howrah, 24-Parganas, Khulna and Birbhum. While some of the military medical officers deputed for civil duty in 1943 were recalled, some remained during 1944 and the assistance they were able to afford played a considerable part in the return to more normal conditions. In this year 500 extra sanitary units were sanctioned, each consisting of one doctor or sanitary inspector with one or two sanitary assistants. In September 1944, 300 of these units were disbanded but the remainder continued to function throughout the year. Cholera recorded deaths in 1944 were 50,000 which is below the figures recorded in 1941 or 1942. Anti-cholera inoculations in this year totalled 18,752,183.

**Central Provinces.**—In 1943 mortality from cholera was low though a few districts were infected by pilgrims returning from the festival at Puri. A total of 426,889 anti-cholera inoculations were performed. The districts of Bilaspur and Raipur were the most heavily infected areas. In 1944 the incidence of cholera was severe and with the exception of Betul every district was infected for varying periods. Amraoti, Bhandara, Nagpur, Jubbulpore and Hoshangabad were particularly heavily attacked. A total of 565,909 anti-cholera inoculations were performed.

**Bombay.**—In 1943 cholera was much less severe than in the previous year though some villages were infected. In Dharwar, Bijapur and Belgaum the epidemic of 1942 lingered on and flared up during the second quarter. Sholapur and Satara districts were also fairly heavily infected. During this year at the Ashadhi Fair at Pandharpur anti-cholera inoculation was compulsory. A total of 872,462 anti-cholera inoculations were performed. In 1944 cholera showed a considerable improvement, the infected districts being those of East Khandesh, Nasik, Ahmednagar, West Khandesh, Sholapur and Surat. None was heavily attacked. A total of 264,208 anti-cholera inoculations were performed.

**Sind.**—In 1943 the Upper Sind Frontier District was practically the only one affected, the infection travelling from thence to Jacobabad Taluka and town. The total number of anti-cholera inoculations performed was 13,415. In 1944 the disease was present in a mild form throughout the province with the exception of the districts

of Thar Parkar and Karachi. The districts worst affected were Sukkur, Dadu and Larkana, but the infection in all cases proved to be of short duration. At the Lal Shahbaz Fair compulsory anti-cholera inoculation was tried out with considerable success.

**Madras.**—In 1943 there was an unusual severe and widespread outbreak of cholera, the total recorded deaths having been exceeded only once in the last 25 years. The epidemic which had appeared in 1942 in Bellary and Kurnool spread to the rest of the ceded districts and the central and the southern districts and reached its peak in January 1943. The districts worst affected were Malabar, North and South Arcot, Chingleput, Chittoor, Salem, Trichinopoly, Tanjore, Coimbatore, Madura, Ramnad and Tinnevelly. In most districts the epidemic gradually declined and there were only sporadic outbreaks. An exception to this was Malabar district where an unseasonal monsoon and pre-disposing factors of malnutrition caused an unusually widespread and severe epidemic which accounted for just over 28,000 deaths. A second wave of infection in the last quarter of this year in the central and southern districts was probably due to the spread of infection from Malabar. A total of 8,079,767 anti-cholera inoculations were performed which is the maximum figure on record for this province in any one year and represents a most creditable effort on the part of the Public Health Department officials. In 1944 the disease continued till April after which most of the province was free, though Vizagapatam continued to be infected throughout most of the year.

**Coorg.**—In 1943 there was no cholera nor was there any in 1944.

**Assam.**—In 1943 almost throughout the whole year cholera was epidemic in the plain districts, the total recorded deaths being the highest for the last decade. The districts most affected were Kamrup, Darrang, Goalpara, Sylhet and Nowgong. The epidemic reached its peak in May after which it declined steadily. Anti-cholera inoculations totalled 1,151,901. In 1944 there was no large scale outbreak, though the infection prevalent in 1943 continued in a mild form particularly in Sylhet district. Anti-cholera inoculations totalled 207,356.

**Ajmer-Merwara.**—In Ajmer city there is held every year the Urs fair and the local health authorities consider that this is responsible for the appearance of infection in Ajmer municipality both during 1943 and 1944 in the months of July to September. The introduction of compulsory inoculation of pilgrims attending this fair seems to be indicated. In 1944 Beawar town and certain adjacent rural areas were also affected but not heavily. The total number of anti-cholera inoculations performed in 1943 and 1944 was 35,582 and 136,905 respectively.

## PLAGUE

3. **United Provinces.**—In 1943 the incidence of plague was even milder than in 1942. Eleven districts in all were affected of which Jaunpur reported the highest mortality. Preventive measures included the evacuation of infected localities and anti-rat campaigns, especially in grain markets and at labour camps. In 1944 the incidence of plague was heavier especially towards the close of the year and 13 districts in all were affected. Dehra Dun town and the districts of Saharanpur, Gorakhpur and parts of Rohilkhand were comparatively heavily attacked. The provincial Government in certain cases made special grants to aid local resources in anti-plague measures. 175,238 and 322,968 anti-plague inoculations were performed in 1943 and 1944 respectively.

**Madras.**—In 1943 there was a severe outbreak in Coimbatore district, other districts affected being Salem, Bellary, the Nilgiris, Malabar, Madura and Chittoor.

In Coimbatore Municipality an intensive scheme of cynogas fumigation of all the houses block by block was carried out. Anti-plague inoculations in the province totalled 335,431.

In 1944 Coimbatore was again heavily attacked as compared with the rest of the province though the epidemic itself was less severe than in the previous year. Other affected districts in the latter half of the year were Anantapur, Salem, Malabar and the Nilgiris.

**Bombay.**—There was no epidemic outbreak of plague in 1943 though both Poona and Belgaum districts were attacked. In 1944 the incidence was higher, Sholapur, Satara, Poona and Belgaum all being involved. In 1943; 204,843 anti-plague inoculations were performed and in 1944; 304,812.

**Central Provinces.**—In 1943 the incidence of plague in this province was very low, the districts affected being Jubbulpore, Saugor, Mandla and Hoshangabad. Anti-plague inoculations totalled 21,915. In 1944 the incidence was heavier occurring in two waves, one in the first quarter and the second in the last quarter of the year. There was epidemic plague in Hoshangabad, Saugor, Jubbulpore, Mandla and Chhindwara, while sporadic cases were also reported from Nagpur.

**Bihar.**—There was no epidemic plague in either 1943 or 1944, though in both years Saran district which borders on the United Provinces, was slightly affected. Cynogas operations were carried out and in 1943; 14,530 anti-plague inoculations were performed.

**Coorg.**—In both 1943 and 1944 sporadic cases occurred and in the latter year Mercara municipality was somewhat seriously affected. Anti-plague inoculations totalled 12,888 and 9,840 respectively in the years under review.

**Punjab.**—In 1944 after being absent for nearly seven years plague made a reappearance affecting the districts of Karnal and Ambala. The infection was probably imported from the United Provinces. Inoculation was made compulsory in all localities within a radius of five miles of the infected villages and 18,881 anti-plague inoculations were given. Special grants-in-aid were made both to Ambala and Karnal districts for anti-plague measures.

## SMALLPOX

4. **N. W. F. Province.**—In 1943 and 1944 only sporadic cases were reported though several districts were involved. In each of these years Hazara district was fairly severely affected while in 1944 Kohat had an unusually high incidence.

**Punjab.**—In 1943 there was little smallpox though Amritsar was somewhat seriously attacked recording 325 deaths, other districts showing some considerable degree of infection were Multan, Gujrat, Sialkot, Attock and Rawalpindi. The health authorities have reported that the ratio of vaccination of females to males shows a decreasing trend and as might be expected the ratio of female to male smallpox mortality shows an increasing trend. To deal with this the services of lady health workers and lady school teachers are being mobilized to carry out vaccination work. The compulsory revaccination Bill to which reference has so often been made in this report is still pending before the Provincial Government. In 1944 smallpox was more active and the districts of Hissar, Hoshiarpur, Lahore, Amritsar and Sialkot all recorded a very high incidence.

**Delhi.**—Smallpox was active in 1943 and by the month of December it assumed an epidemic form. Several temporary vaccination stations were set up and vaccination was also offered at all the infant welfare centres. In 1944 the epidemic of 1943 continued during the months of January and February. Delhi city was the worst affected.

**United Provinces.**—As in 1942 the incidence of this disease in 1943 was light, the district most severely affected being Ghazipur. In 1944 there was much more smallpox, the total deaths recorded being 10,058 which is nearly twice the number recorded in 1943.

**Bihar.**—In 1943 the incidence of smallpox was the lowest recorded since 1937, the districts worst affected being Palamau, Monghyr, Hazaribagh, Ranchi and Champaran. Since the introduction of the Bengal Vaccination Act to Monghyr district the other districts of North Bihar Circle have also adopted compulsory primary vaccination schemes. In 1944 the disease was more severe and Patna, Gaya, Shahabad, Champaran and Hazaribagh were all fairly severely attacked.

**Orissa.**—There was no violent outbreak of smallpox in 1943 though Sambalpur district had a somewhat heavy epidemic possibly due to the fact that vaccination here is not compulsory as it is in all other districts with the exception of Koraput and Ganjam Agency. The Provincial Government is considering a proposal to make vaccination compulsory in Sambalpur district. In 1944 the disease was slightly more severe and Cuttack, Balasore and Sambalpur were all fairly seriously affected, the other districts remaining more or less free.

**Bengal.**—In 1943 infection in certain districts was heavy, East Bengal suffering most with Noakhali, Rangpur, Mymensingh, Dacca, Tippera and Bakarganj all being heavily infected. The existence of predisposing factors made it necessary to institute a campaign for mass vaccination which was started in November 1943 coincident with the campaign against cholera. A special grant of Rs. 50,000 was placed at the disposal of the Director of Public Health for this particular purpose. In 1944 the severity with which smallpox prevailed during the first half of the year was unprecedented in Bengal. The epidemic reached its peak in April and thereafter declined till October in which month it again started the usual upward rise. Most of the province was affected, Rangpur recording the highest mortality while Howrah, 24-Parganas, Calcutta, Bogra, Dacca, Mymensingh and Tippera were all very heavily attacked. Nearly 34 million vaccinations were performed which of course is immensely in excess of any number hitherto recorded.

**Central Provinces.**—In 1943 cases were reported from all districts though the incidence was not above normal. In 1944 the disease was more prevalent and again cases were reported from all districts, Saugor, Nimar, Bhandara, Amraoti, Yeotmal, Akola and Buldana being particularly heavily attacked.

**Bombay.**—In 1943 the incidence was heavier than in 1942. All districts except Kaira were more or less affected. The application of the Compulsory Vaccination Act to four towns and two villages in 1943 brings the total of such places in the province to 110 and 27 respectively. In 1944 there were epidemic outbreaks in various parts including Bombay city, East Khandesh, Nasik and Satara while Ratnagiri, Thana, Sholapur, Ahmednagar, Kolaba, Ahmedabad and Poona were all also fairly heavily affected.

**Madras.**—Smallpox was severe during 1943, the recorded deaths being double those of any year since 1937. All districts were affected, the worst being Vizagapatam, North Arcot, South Arcot and Guntur. In 1944 again all districts were affected, Vizagapatam, East and West Godavari, Guntur, Kistna, Nellore, South Arcot, North Arcot, Tanjore and Malabar all being heavily attacked. In view of the shortage of trained vaccinators temporary hands were taken on and trained as an emergency measure and vaccination was carried out intensively throughout the year and not as formerly suspended during the hot months.

**Coorg.**—Only sporadic cases were reported during 1943. In 1944 the incidence was slightly heavier, the disease reaching epidemic proportions in 81 scattered villages. The introduction of compulsory primary vaccination throughout the whole of Coorg is a step which is overdue.

**Ajmer-Merwara.**—In 1943 and 1944 there was very little smallpox with the exception of a mild epidemic in Beawar and Nasirabad towns in 1943.

**Assam.**—In 1943 smallpox was prevalent, the infection being widespread though not particularly intense in any one area. In 1944 there was a severe epidemic, the total deaths reaching a figure several times higher than any recorded for many years. Sylhet was the area most seriously affected though Nowgong, Goalpara and Kamrup were also heavily attacked. It is thought that the influx of people from the infected areas of the neighbouring province of Bengal, the inadequacy of vaccination staff and the low percentage of immunised population all contributed towards the severity of this outbreak.

## MALARIA

5. **Bengal.**—In 1943 there was a very heavy epidemic which affected the major part of the province. The rise in the incidence of this disease was most marked from the beginning of the third quarter of the year and the maximum mortality was as usual recorded in the month of December. A provincial quinine rationing scheme was introduced in April 1943 and anti-malaria drugs worth 21 lakhs of rupees were allotted for free distribution through hospitals, voluntary relief organisations and reliable individuals. In 1944 the provision for anti-malaria drugs was increased to 25 lakhs and 2,800 treatment centres attached to the existing 1,400 District Board dispensaries were opened. Mobile military units (63 in number) conducted malaria treatment clinics. In 1944 the incidence of malaria was even higher than in the previous year, the mortality being particularly high in the first seven months. Once more nearly all districts suffered heavily. Calcutta city itself, particularly in its eastern suburbs, experienced a heavy epidemic and the Provincial Public Health Department introduced special anti-malaria measures independent of the Calcutta Corporation.

**Assam.**—The epidemic which had prevailed in 1942 continued in 1943 in Sylhet district in particular. In 1944 the incidence of malaria was scarcely less severe. Communications in this province are particularly difficult and it is obvious that if the recurring problem of malaria is to be satisfactorily tackled there will have to be set up a much more elaborate machinery for the purpose than has existed to date.

**Bihar.**—In 1943 there was an epidemic in Darbhanga, Muzaffarpur and Bhagalpur districts, while Purnea, Monghyr and Champaran were scarcely less heavily affected. The same districts were also attacked in 1944 though not as severely as in the previous year.

**Orissa.**—In 1943 Berhampur town suffered from a severe epidemic from August onwards which was traced to the infiltration of A. Sundiacus from the coastal areas. Anti-mosquito schemes were started in Cuttack Municipality with contributions from the Provincial Government and the municipality and Puri municipality also contributed towards an anti-mosquito scheme for that town. The Provincial Malaria Unit was attached to the office of the Director of Health Services in July 1943 and in this year the report of the research unit of the Malaria Institute of India regarding conditions at Chilka Lake was received. It contains specific suggestions for the control of malaria at Gopalpur and Chatarpur. In 1944 Chatarpur, Berhampur and Balasore all had epidemic outbreaks of malaria and an emergency hospital was

opened with substantial Government aid in the Chatarpur range. In Orissa where malaria is endemic it seems desirable to set up a permanent anti-malaria organisation rather than to depend on giving special aid to local bodies.

**Central Provinces.**—The districts of Bilaspur, Raipur, Drug, Saugor, Hoshangabad and Bhandara all showed a high incidence of malaria in 1943. In 1944 anti-malaria courses at the Government Public Health Institute, Nagpur, were opened and an anti-malaria unit was set up in Nagpur Civil Station.

**Madras.**—In 1943 epidemic malaria occurred in the districts of Guntur, Cuddapah and North Vizagapatam. The restrictions imposed on the free distribution of quinine in 1942 were withdrawn in 1943 and the system of sale through post offices was resumed. In 1944 North Vizagapatam, Nellore, Chittoor, Cuddapah, Malabar, Tanjore and South Kanara districts were all fairly heavily attacked. In this year the malaria organisation of the province was overhauled and decentralised and three Regional Malariologists with headquarters at Vizagapatam, Bellary and Pattukotai were put in charge of anti-malaria operations.

**Coorg.**—The incidence of malaria in both 1943 and 1944 was light and in each year slightly below normal.

**United Provinces.**—In 1943 malaria in an epidemic form was reported from 28 districts as against 23 in 1942. Variations in the method of the sale of quinine were introduced in the attempt to make this drug more readily available. An acute shortage of insecticide material prevented the carrying out of anti-mosquito measures on a satisfactory scale. Special enquiries in certain districts were continued though an enquiry initiated in 1938 into the best means of controlling malaria in Naini Tal, the Terai and the irrigation tracts of Hardoi district had to be suspended owing to shortage of supplies and personnel. In 1944 only 17 districts were affected to any considerable extent and a large supply of quinine and quinine substitutes made by the Government of India at rates below market rates was a welcome relief. In this year the Government issued specific orders that all major irrigation and hydro-electric projects and all drainage schemes prepared by local bodies were to be scrutinised by the Public Health Department before completion. His Excellency the Governor also issued a special appeal to the province addressed particularly to government servants to help in measures for the control of malaria. An educational campaign through local papers, posters and handbills was also carried out.

**Bombay.**—In 1943 the districts worst affected were Nasik, Poona, East Khandesh, Dharwar and Belgaum and the incidence of malaria was heavier than in the preceding year. Temporary medical officers were specially appointed and squads were sent round to fill-up pits and ditches and to carry out other anti-malaria activities. In 1944 the disease was again severe, the districts specially noted in 1943 again being the worst sufferers. Difficulty was experienced in obtaining the services of qualified medical officers to work in rural areas. A scheme for the distribution and sale of mepacrine was sanctioned by Government to be brought into operation in the next financial year.

**Punjab.**—In 1943 the fairly widespread epidemic of 1942 lingered on during the first quarter, the south-eastern areas of the province being chiefly affected. In 1944 the disease was prevalent in a mild epidemic form from October onwards, particularly in Shahpur district which suffered from water-logging and flooding. As in previous years the situation was tackled actively by the Public Health Department and in this year a special grant of Rs. 100,000 was sanctioned by the Government to give financial assistance to local bodies for the control of epidemics, specially malaria. Government also sanctioned the establishment of a Field Epidemiological Station

for the study of this disease in Gujranwala district, while the Indian Research Fund Association sanctioned a grant to finance the statistical enquiry into the methods of forecasting epidemic malaria in the Punjab.

**Sind.**—In 1943 the rise in the mortality figures under the heading 'Fevers' is held to indicate an increase in the incidence of malaria. The three travelling dispensaries were placed at the disposal of the Director of Public Health to carry out relief work. In 1944 there were severe floods in some areas and the incidence of malaria was heavier than in the previous year. The Malariologist continued to work with an insufficient staff owing to the paucity of suitable candidates.

**N. W. F. Province.**—There was little malaria in 1943 and there was also no marked incidence of this disease in 1944. 16 anti-malaria centres were opened in Bannu district and a special compounder was deputed on malaria duty.

**Delhi.**—Although the incidence of malaria was less severe it continued to be prevalent during 1943. During August and September of this year there was fairly heavy flooding which brought in its train a rise in the incidence of this disease. In 1944 the incidence of the disease was comparatively lighter. It is believed that a substantial proportion of deaths recorded as due to malaria were really from influenza.

**Ajmer-Merwara.**—In 1943 following on heavy rains malaria was prevalent in the Ajmer municipal area between July and October. Vigorous efforts were made to control all the breeding places. The whole area was divided into seven sections each of which was visited once a week. In 1944 the incidence of this disease calls for no special comments.

**Baluchistan.**—In 1943 there was nothing special to comment on. In 1944 due to heavy rains in July to October malaria was prevalent, unfortunately anti-malaria activities were handicapped on account of paucity of supplies of quinine and its substitutes.

## ENTERIC FEVER.

6. The recording of cases and deaths from this important disease continues to be unsatisfactory in all provinces and indeed there are large areas in the country from which no information at all is available.

**United Provinces.**—In 1943 the recorded deaths from enteric fever totalled 7,454, a figure which is practically the same as that in 1942. Information regarding 1944 is not available.

**Punjab.**—In 1943 and 1944 the recorded deaths from enteric fever were 10,885 and 12,699 respectively. These are figures which show no marked variation from those recorded in previous years.

**Bombay.**—In 1943 it is said that this disease was more prevalent in the towns of Sholapur, Surat and Poona and Bombay cities than in previous years. It was also prevalent in the rural areas of the districts of Dharwar, Thana and Kolaba. The total recorded deaths were however 6,334, a figure which does not show any marked variation from previous years. In 1944; 6,647 deaths were ascribed to enteric fever. In both these years the Haffkine Institute, Bombay, continued to extend the facility of free diagnosis of clinical material submitted by private medical practitioners, but there is no indication as yet that this facility is being made use of to the extent that one might expect.

**Delhi.**—In 1943 Delhi city recorded 483 deaths out of a total of 1,414 ascribed to enteric infection for the province as a whole. It is considered that under the

conditions that exist in both Delhi city and the rural areas it is probable that this disease is much more prevalent than would appear from the recorded figures. In 1944 a total of 1,269 deaths were recorded as due to enteric group of fevers.

**Madras.**—In 1943 in the municipal towns in this Presidency 950 deaths were registered as due to enteric fever. Information regarding 1944 is not available.

**Coorg.**—Sporadic cases were reported both in 1943 and 1944 chiefly from rural areas. Free voluntary inoculation of members of the public is practised in this area and in the years under review 1,352 and 1,468 respectively were performed.

**Ajmer-Merwara.**—Enteric fever is more or less endemic, a fact which is accounted for by the defective water supply and the enormous number of flies due to an antiquated system of nightsoil disposal. In 1943 there were 109 cases with 91 deaths and in 1944 : 232 cases and 223 deaths. From this latter figure it is obvious that the accurate diagnosis and reporting of cases leaves much to be desired.

**N. W. F. Province.**—In 1943 sporadic cases were reported from all over the province, the incidence being ascribed to open latrines and pails. In 1944, 457 cases were reported from Dera Ismail Khan.

No specific mention is made of this disease in reports from other provinces.

## TUBERCULOSIS.

7. While there is a dearth of accurate statistical information regarding the incidence of this disease in the cities and towns of India, preventive medicine staffs believe that it already constitutes one of our major public health problems. It is not unreasonable to assume that conditions arising from the war are likely to increase an incidence which is believed to be already heavy. The inadequacy of India's efforts to combat this disease are clear from the fact that against at least 500,000 annual deaths from tuberculosis the total number of beds available for tuberculosis patients is a little over 6,000.

In those countries in which successful anti-tuberculosis work has been inaugurated the ratio between actual tuberculosis deaths and beds available for tuberculosis patients varies between 1 : 1 and 1 : 3. Tuberculosis is primarily a public health problem that should be tackled along preventive lines. To date the two chief difficulties experienced in India in doing something effective have been lack of trained staff—doctors, nurses and health visitors—and lack of finance. The latter is of course largely responsible for the former. There has also been some tendency to forget the basic principles on which successful anti-tuberculosis work has been founded in other countries. Tuberculosis has to be fought by a double attack, one aspect of which is directed towards the housing and sanitation which when neglected, as they have been to date in India, create conditions favourable for the rise and spread of this disease. The other concerns methods to detect and deal with the actual case and case contacts. Here the focal point is the special clinic or dispensary with its attendant follow up machinery. Along with the clinic there is needed a hospital bed provision, the sanatorium and farm colony being the final links in the chain. These latter are necessary but later adjuvant and this particularly in a country in which this disease runs so often a rapid and fatal course. Many more clinics are needed to detect early cases, watch contacts and work for the improvement of housing conditions and sanitation in the urban and rural areas. Many more hospital beds are needed to house active cases and it is time that there was a more realisation that lakhs spent now in combating this condition will mean crores saved through later years.

A summary of anti-tuberculosis activities in the various provinces in 1943 and 1944 is given below :—

**N. W. F. Province.**—The District Tuberculosis Associations in Peshawar, Kohat, Bannu and Dera Ismail Khan continued to do useful work. There is a proposal to start similar associations in Mardan and Hazara districts. In both Peshawar and Bannu tuberculosis clinics functioned regularly, the former one being well equipped with modern apparatus and qualified staff. There are clinics elsewhere in the province, but they are not as well equipped as is the one in Peshawar. In February 1944 a special T. B. ward with nine beds was opened at D. I. Khan and the infectious disease ward at the Mardan Civil Hospital was in December 1943 temporarily converted into a ward for tuberculosis cases. The Government Tuberculosis Sanatorium at Dadar continued to do very useful work. New constructions costing Rs. 80,000 were completed in 1943 and, in 1944, a diathermy apparatus was installed and a woman sub-assistant surgeon was added to the staff.

**Delhi.**—In 1943; 3,125 cases were notified and 837 deaths were recorded as due to tuberculosis which shows that this disease constitutes a major health problem in the province. Schemes for its control had to be held in abeyance on account of a lack of finance. The scheme for home visiting in New Delhi is not thought to be operating as well as had been hoped owing to difficulties chiefly financial and lack of trained staff. In 1944; 3,382 cases were notified and 1,164 deaths were recorded. An all-India post-graduate course in Tuberculosis was organised in Delhi in the month of February. It was attended by 19 doctors.

**Punjab.**—In 1943 the recorded deaths from pulmonary tuberculosis were 8,990, a figure which is believed to be an under-estimate. It is gratifying to record that the Provincial Government sanctioned in the Jallo area in Lahore district a tuberculosis survey at an estimated cost of Rs. 28,800 per annum recurring and Rs. 61,650 non-recurring along with the establishment of a model rural tuberculosis clinic at an estimated cost of Rs. 3,250 per annum recurring and Rs. 13,000 non-recurring. Unfortunately it has not been possible to make much progress with these schemes on account of staff difficulties. A survey on a comparatively small scale carried out in Sialkot city showed that 33·6% of school children examined gave a positive Mantoux reaction. This reveals a serious state of affairs which calls for early action. In 1944 the number of recorded deaths was 8,978, but here again the figure is almost certainly an under-estimate. As usual the difficulty of obtaining trained staff militated against any effective expansion of the work.

**United Provinces.**—Both in 1943 and 1944 anti-tuberculosis work suffered from the lack of X-ray material, lack of trained health visitors and from financial difficulties. Deaths recorded from the various types of tuberculosis were, 4,823 in 1943. The figure for 1944 is not yet available. In this latter year 50 copies of a film dealing with this subject were distributed for display at public cinema shows.

**Bengal.**—In 1943 two posts of tuberculosis officers were created. Government offered a proportionate grant from the provincial revenues for the establishment of chest clinics in Sadar hospitals, but the only two schemes received in this connection were on examination not found to accord with the terms of the offer and hence no progress could be made. In 1944 grants-in-aid were sanctioned to Serampur, Budge-Budge and Barisal Anti-tuberculosis Association among others.

**Orissa.**—The only clinic in the province is the one situated in the premises of the Cuttack General Hospital. Patients who can afford it and are suitable cases are advised to be admitted to the Tuberculosis Sanatorium at Itki where the Provincial Government has reserved two beds for iteself under an annual contribution of Rs. 2,000. Apart from some publicity work it has not been possible to do much more than that. District Associations have been formed in four out of six districts. As in other provinces there is a great shortage of trained doctors and health visitors for this work.

**Central Provinces.**—The four T. B. clinics at Nagpur, Jubbulpore, Amraoti and Raipur continued to work satisfactorily during 1943 and 1944.

**Madras.**—By the end of 1944 the province had three Tuberculosis sanatoria one each in the districts of Coimbatore, Chingleput and Chittoor. While the provision of sanatoria is both desirable and necessary the institution of properly equipped and staffed clinics is a primary step in anti-tuberculosis work which if overlooked must result in retarded progress.

**Bombay.**—In 1943 ; 21,329 deaths were recorded as due to this disease which, however, is not notifiable in most of the municipal areas because of the lack of facilities for accurate diagnosis and treatment. There are free clinics operated by Government in the civil hospitals at Ahmedabad, Surat, Poona, Nasik, Sholapur and Belgaum. Information with regard to 1944 is not available.

**Ajmer-Merwara.**—In 1943 on account of lack of funds the Indian Red Cross Society District Branch, Ajmer had to stop anti-tuberculosis activities. These, however, were restarted on the 1st October 1944 with the only anti-tuberculosis clinic in the Victoria Hospital. Some of the staff were paid by the provincial branch of the Indian Red Cross Society.

**Baluchistan.**—In 1943; 959 cases were treated in the different hospitals and dispensaries. It is stated that the cases were mostly from amongst the local people though some were imported from Sind.

## LEPROSY.

8. In 1943 and 1944 speaking generally both the quality and quantity of leprosy work were maintained at a satisfactory level in spite of considerable difficulties arising from war conditions.

The annual leprosy course held under the auspices of the Indian Council of the British Empire Leprosy Relief Association at the School of Tropical Medicine in Calcutta could not be held in 1943 on account of lack of candidates. A special course was, however, held at the School of Tropical Medicine from the 17th to 29th May for doctors deputed for the purpose by the Bengal Branch of the Association. Leprosy surveys of two areas in Bihar and one area in Bombay were carried out. The proportion of cases between the two sexes was about equal in the Bihar areas but in the Bombay area 63% of the cases were found in males. This would seem to indicate that the disparity in the incidence of the disease occurring in the two sexes which is frequently commented on is not a universally common feature. The research activities of the Indian Council of the British Empire Leprosy Relief Association are dealt with elsewhere in this report. In 1944 as in previous years the Indian Council continued to assist the Army in anti-leprosy activities and batches of medical officers deputed from the military medical services were trained in the diagnosis and treatment of leprosy. This year the annual leprosy training course was held at the School of Tropical Medicine in Calcutta from the 22nd May to the 3rd of June.

The Mission to Lepers continued its useful work though the question of supplies of food, clothing and medicines caused considerable anxiety. In 1944 this Mission celebrated its 70th birthday in a number of centres in and outside of India and the following is taken from a special message of the London Council of the Mission which was sent at this anniversary to its helpers throughout the world and India in particular :—

"Whereas the original service rendered was almost entirely confined to the very advanced, crippled and destitute sufferers from the disease, now it extends to the care of early cases of children with leprosy, and of out-patients, while the

larger Homes have cooperated in the clinical research work and have become centres for the training of workers."

A detailed account of the activities of the various Homes maintained by this Mission will be found in the two reports for the years ending August 1943 and August 1944.

A brief account of leprosy activities in the different provinces of India during 1943 and 1944 is given below.

**Assam.**—The total number of leprosy centres in 1943 was 64, 2 new ones being opened during the year. A detailed survey was carried out in Lakhimpur and recommendations were made for opening a dispensary and two out centres in Majuli in Sibsagar district and two dispensaries and three treatment centres in the Lakhimpur district. These proposals have been approved by Government. In 1944 four new dispensaries and five out centres were sanctioned by Government. There is an urgent need for an inpatient provincial institution for lepers and a scheme to this effect has been submitted to Government for its consideration.

**Orissa.**—The Provincial Leprosy Relief Association continued to carry out anti-leprosy work through surveys, propaganda and by treatment and isolation. In 1943 a survey of 199 villages with a total population of 91,097 revealed an incidence of 3·7%. It is now held in this province that sufficient data regarding the extent of the leper problem has been collected and that only occasional re-surveys in place of routine surveys are needed for the future. In 1944 there were 171 clinics functioning in the province of which 102 were maintained by District Boards and Municipalities. The two leper hospitals at Cuttack and Puri, the two clinics at Lati and Burhampur and the five village isolation centres continued their activities during the year. The Central Council of the British Empire Leprosy Relief Association sanctioned Rs. 4,000 annually for a specified period towards a modest scheme for the establishment of an isolation colony to determine the effect of selective isolation. It is proposed to institute a net-work of such isolation colonies in areas recording a high incidence of this disease.

**Bihar.**—The clinics at Santhal Parganas and Manbhum continued to function during the years under review.

**Bengal.**—The usual grants to the existing clinics and the Bengal Branch of the British Empire Leprosy Relief Association were made by Government during both 1943 and 1944.

**Madras.**—In 1943 much important epidemiological data was collected through detailed surveys in Gudiyattam and Vellore taluks in the North Arcot district. The Silver Jubilee Children's Clinic at Saidapet did useful work which included a technical study of the development of lesions and their correlation with clinical treatment. The leprosy department of the teaching hospital in Madras was reorganised and placed in the charge of a properly qualified honorary physician. Information regarding 1944 is not yet available.

**United Provinces.**—The special survey officer of the British Empire Leprosy Relief Association, United Provinces Branch worked in Sitapur district during this year and the local association maintained three treatment clinics at Benares, Cawnpore and Lucknow. Information regarding 1944 is not yet available.

**Punjab.**—Leprosy work, particularly survey work, suffered on account of conditions created by the war. In 1943 in Multan district at Kasumar some research in collaboration with the Leprosy Research Department of the School of Tropica Medicine at Calcutta was carried out on the Lepromin test. In the latter half o 1942 the Leper Act had been applied to Kangra district and is reported in this yea

to be working well. The application of this Act to the province as a whole is under the consideration of Government since it is known that there are a number of lepers hailing from other provinces frequenting certain towns in the Punjab. In 1944 an epidemiological survey was carried out in two villages of Palampur tehsil, Kangra District. Early in 1944 the Leper Act was extended to the city of Lahore and to Hoshiarpur District. The appointment of Provincial Leprosy Officer was made permanent and the post of district leprosy officer, Kangra, was provincialised.

**Bombay.**—Work on the usual lines continued during both 1943 and 1944.

**Central Provinces.**—In 1943 the Provincial Government appointed a Leprosy Committee to make suggestions for further development of anti-leprosy work on sound lines. This Committee has emphasised the necessity for organising village isolation centres in connection with the existing leprosy clinics. It is suggested that each of these centres should be organised as a health unit, anti-leprosy work being linked with other public health work and rural reconstruction activities.

**Coorg.**—During 1943 a number of lepers hailing from other places were noticed in Coorg and were returned to their places of domicile.

The provincial reports of Delhi, N. W. F. Province, Sind and Ajmer-Merwara do not make any reference to this disease.

## KALA-AZAR.

9. **Bengal.**—In the years 1943 and 1944 the Provincial Government gave a grant of Rs. 120,000 for anti-kala-azar work. All District Boards except Bankura, Birbhum and Darjeeling, received from this grant sums of Rs. 80,000 in 1943 and Rs. 82,000 in 1944 to finance kala-azar units and clinics. The Darjeeling District Board was given in 1943 a sum of Rs. 7,900 to continue anti-kala-azar schemes in that district, but in 1944 a grant of Rs. 8,000 intended for the same purpose was held in reserve as no proposal for its utilisation was received. In 1943 Government made a grant of Rs. 2,500 to the Central Co-operative Anti-Malaria Society to be used on anti-kala-azar work by the societies affiliated to local bodies. The remainder of the block grant referred to above was utilised by distributing kala-azar specifics to various District Boards. No epidemic from this disease was reported either in 1943 or in 1944.

**Bihar.**—In both the years under review the existing 20 kala-azar centres continued to function, the number of cases treated being 42,647 and 25,730 respectively. The considerable fall in the latter figure seems to be accounted for by the fall in attendance at the Darbhanga centres which recorded in 1943 a total of 31,887 but in 1944 only 4,022. These centres do not only attend to kala-azar cases but as well pay attention to malaria, hookworm, scabies and even cholera.

**Assam.**—The number of deaths recorded from kala-azar in 1943 was 796 which compares favourably with the records since 1933. The number of cases treated was 19,208. In Cachar district 116 villages were surveyed for the incidence of this disease and in Nowgong district an increase in the number of cases treated is probably the result of a survey and re-survey intended to detect very early cases though possibly due to an increased incidence in a few areas in this district. In Sylhet district two kala-azar centres were closed down for lack of sufficient cases and other dispensaries had to be closed in order to release staff for malaria epidemic duty. Conditions in 1944 were much the same and no new foci of infection were found during the carrying out of routine work.

**United Provinces.**—73 deaths from this disease were registered during 1943 and as usual the divisions of Benares and Gorakhpur were the areas chiefly affected. Three dispensaries worked in Benares city and two travelling dispensaries carried

out work in the rural areas of Gorakhpur and Benares districts. In 1944 there were three clinics in Gorakhpur and two in Benares while three rural development travelling dispensaries carried out the diagnosis and treatment of kala-azar.

**Central Provinces.**—In 1943 seven fatal cases were reported from the districts of Chanda, Chhindwara, Bilaspur and Yeotmal. In the 1944 report there is nothing deserving special comment.

Kala-azar is an interesting disease from the point of view of preventive medicine workers since under existing rural housing conditions it represents a condition that can be effectively controlled only by effective treatment. There has been in the past an unfortunate tendency in government health services to divorce the practice of treatment from prevention and it is gratifying to be able to report that this mistake has not been made in handling kala-azar and consequently a disease which might easily be a considerable public health problem in the areas that it attacks can be said, confidently, to be now being kept in check.

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## SECTION III.

### Health activities of the Central and Provincial Health Departments.

### INTRODUCTION.

10. The fifth meeting of the Central Advisory Board of Health was held in New Delhi on the 4th, 5th and 6th of October, 1943 under the Chairmanship of the Hon'ble Sardar Sir Jogendra Singh, Member-in-charge, Department of Education, Health and Lands, Government of India. Opening the session the Chairman read a message from H. E. the Viceroy which referred to the appointment of the Health Survey and Development Committee and expressed the hope that the deliberations of the Board would assist both that Committee and the Provincial Governments in preparing post-war programmes in the health field. In his opening address the Chairman conveyed the thanks of the Board to His Excellency for his message and also drew attention to the grave problem of food shortage and its bearing on general health problems. He expressed the view that steps to improve the economic conditions and raise health standards are mutually complementary and should be planned and executed accordingly.

The Board discussed the report of the Food Adulteration Committee (Part II, 1943) and reports on 'Blindness in India', 'Compulsory Inoculation of Pilgrims attending Sitamarhi Fair'; Preventive Measures taken in Baroda State against guinea-worm infection and also considered several interesting memoranda placed before it. The Board passed resolutions on (1) the report of the Food Adulteration Committee, (2) the memorandum on problem of anaemia in pregnancy in women in India, (3) on post-war planning of health services, (4) the report on Blindness in India, (5) compulsory vaccination of pilgrims attending fairs and festivals, (6) preventive measures to be taken against guineaworm infection, (7) measures for the health and sanitation of areas adjoining military camps and aerodromes, (8) action taken by various Provincial and State Governments on recommendations made previously by the Board, (9) on the appointment of a Director of Nursing Services in the Health Departments of each province or State, and (10) on the recommendations of the Food Conference of the United Nations held at Hot Springs, U. S. A. All these resolutions and recommendations are to be found in the report of the Board.

### Rural Health—Health Units.

11. In those areas in which health units operate considerable difficulties were experienced on account of the shortage of qualified staff, particularly properly trained

health visitors and midwives. This lack of trained staff is one of the great handicaps under which this type of work is carried out and accounts in large measure for the slow progress that is being made. An account of the more important activities of the different health units is given below :

**Delhi.**—1943.—The Najafgarh Health Unit continued its sixth year of existence. An interesting feature was the introduction of a scheme for voluntary work by villagers themselves for pyrocide spraying as an anti-malaria measure. Apart from this the general activities of this Unit suffered from several difficulties and from lack of finance and no real improvement in the conservancy arrangements of Najafgarh proper was possible in the absence of adequate finances. The maternity and child welfare staff is also finding considerable difficulty in coping with the requirements of the Unit owing to paucity of numbers and the difficulties experienced in moving about in the area served. However an increased attendance at both ante-natal and infant and toddler clinics and an increase in the total number of home visits along with a low infant mortality rate all show the popularity of this activity with the public and how desirable it is that the facilities now afforded should be considerably extended.

In 1944 the Unit carried on its activities under similar difficulties as were experienced in the previous year. Byelaws for the control of articles of food and drink and vaccination etc., could not be enforced by Notified Area Committees for want of suitable staff. Consolidation of land holdings was completed in 3 more villages during the year.

**Bengal.**—1943.—The Singur Health Unit operating under the All-India Institute of Hygiene and Public Health, Calcutta, continued its activities in health education, maternity and child welfare work, school hygiene and general sanitation. This Unit also was adversely affected by staff difficulties but in spite of this has recorded two years' useful activity. Special mention should be made of the training facilities this Unit affords both to students from the Institute, to sanitary inspectors and Army auxiliary medical personnel such as N. C. Os. and malaria inspectors.

In 1944 the Unit launched upon a special 5 years' programme consisting of a two years' short term objective aiming at the development of the techniques of administration within the 4 annas per capita expenditure in the two special units, and the long term programme providing for an extension of these techniques to the remaining units in the Serampore sub-division during the subsequent three years. The short term objective in the first instance provided for the clearing up of arrears of vaccination and the establishment of facilities required for the training of self-help workers for a period of 3 to 6 months. For this purpose the following types of local organisations are being set up :—

(*i*) Special Unit Public Health Advisory Committee comprising of two Union Boards.

(*ii*) Union Board Pubblic Health Advisory Committee one for each Union Board.

(*iii*) Village Sanitation and Welfare Committee one for each village.

(A number of committees under (*ii*) & (*iii*) only have yet been formed.)

**United Provinces.**—1943.—The Health Unit at Partabgarh which serves an area including Bela municipality, Fort Partabgarh, Katra Medinganj town areas and 123 villages continued its usual activities during the year. Special anti-cholera measures were adopted to try to control and check the spread of the cholera epidemic in the district. A local philanthropist donated Rs. 500 towards a milk feeding scheme at Chilbila intended to provide half a seer of milk to young ill-nourished babies and

mothers.

In 1944 the Unit helped in controlling an outbreak of plague as well as in attempting to keep cholera in check. It also instituted an anti-malaria drive in response to a special message from H. E. the Governor. Anti-malaria groups were formed in schools and villages under the supervision of local leaders who were given elementary training in simple anti-malaria measures. The other activities of this Unit during the year continued much as usual.

**Bombay.**—1943.—The Sirur Health Unit continued to carry out useful activities inspite of great difficulties on account of the frequent resignation of health visitors and midwives. The Unit staff had to pay particular attention to an outbreak of plague which occurred in Poona district and their efforts were rewarded by the complete immunity of the Unit area from this disease throughout the year. A village cleaning week was observed in 12 villages in November during which special propaganda was directed against the opium-doping of infants since a survey had showed that 66% of infants below one year of age were regularly given this drug. A survey was also carried out among children to detect vitamin A deficiency. Students from the Sanitary Inspectors' class in Bombay and the Health Schools in Bombay and Poona visited the Unit for training in rural health work.

In 1944 a rapid survey to find out malnutrition among growing children was carried out, the results of which are contained in the Unit's report. Systematic school health work was started in the Unit area and a class for training subsidised medical practitioners in elementary sanitation was started in December of this year.

**Madras.**—1943 and 1944.—Poonamalle Health Unit continued to function on established lines during the year. The staff had to deal with outbreaks of cholera and to carry out relief measures necessitated by heavy flooding in October. In 1943 the examination and mass treatment of persons suffering from hookworm again had to be held in abeyance on account of lack of staff. Indeed the work of this Unit was adversely affected during both these years on account of staff difficulties, particularly on the maternity and child welfare side.

**Rural Water Supplies.**

12. **Punjab.**—The Sanitary Board continued its work of making grants in 1943 and 1944 to various local bodies for the construction of wells and the improvement of existing water supplies in rural areas. Owing to high prices and the non-availability of building material no plans for the improvement of water supplies and drainage were sanctioned from the special Development Fund either in 1943 or 1944.

**United Provinces.**—1944.—Owing to non-availability of building material the Board of Public Health only sanctioned grants aggregating Rs. 35,289 during 1943. Information regarding grants made by the Board of Public Health during 1944 is not available.

**Orissa.**—1943.—The Disrtrict Boards spent a sum of Rs. 22,540 on water supplies in rural areas and tube wells were sunk at various places in Cuttack, Puri, Balasore, Ganjam and Jugatsingpur. In this province the provision of safe and adequate drinking water in the rural areas is a difficult and important problem and it is thought that a proper solution lies in the creation of a Provincial Rural Water Supply Fund as recommended by the Central Advisory Board of Health. If this Fund were started and the money now spent by local bodies, by Government Rural Development Funds and agencies such as the Revenue Department, were all pooled it might be possible to work out a comprehensive rural water supply scheme spread over a period of years. In 1944 a post-war scheme intended to provide masonry wells or tube wells came under the consideration of Government.

**Assam.**—Neither in 1943 nor in 1944 were any improvements of note effected in the rural water supply of the province.

**Bengal.**—1943 and 1944.—As an emergency measure additional grants for tube well development were made to various districts, but little progress was recorded before the close of the year in actually getting ahead with work of this kind. In 1944 under the famine relief scheme 2,019 tube wells were re-sunk and 17,733 were repaired.

**Central Provinces.**—No grants for any new scheme for the improvement of water supply in rural areas in the province were made by the Government in either 1943 or 1944.

**Bombay.**—1943 and 1944.—The Government allocated a grant of Rs. 500,000 to the Commissioners and Rs. 615,300 to the Public Works Department for the improvement of village water supplies. 174 new wells were constructed and 131 step wells were converted into draw wells during this year. In 1944 similar grants were made to the Commissioners and the Public Works Department for the purpose. Works of construction of new wells, repairs and tubing of wells were undertaken in villages of Kaira distt., East Khandesh and West Khandesh.

**Delhi.**—1943 and 1944.—The health staff attempted to chlorinate wells in the rural area regularly every month. No steps to improve the existing supply were taken during this period.

**Coorg.**—1943 and 1944.—With the help of grants from the Rural Development Fund 8 wells were constructed in 1943 and four in 1944. Water supply arrangements in the rural areas continued, however, to be very unsatisfactory and a considerable proportion of the population depend on streams for their domestic water supply.

## Famine Relief.

13. A brief reference has already been made to the famine conditions that prevailed in 1943 and 1944 and in the following paragraphs a short account is given of relief activities organised by the various Provincial Governments.

**Assam.**—In 1943 floods caused damage in the districts of Kamrup, Lakhimpur, Sibsagar, Darrang, Nowgong and Goalpara. Of these Kamrup district was the worst affected. Rs. 31,300 were spent on relief work and another Rs. 11,000 on test works and other kinds of financial assistance. Sylhet district which was still affected by the previous year's flood received a grant of Rs. 27,000 in round figures.

In 1944 flood relief work was required only in Sibsagar and Kamrup districts though in Sylhet district grants were made for agricultural loans in connection with the damage done by a cyclone and a malaria epidemic.

**Bihar.**—In 1943 relief was given to the districts of Purnea, Santhal Parganas, Hazaribagh and Manbhum on account of damage caused to crops by heavy or scanty rains. A total sum of Rs. 45,245 was expended in this way.

In 1944 owing to floods in the districts of Muzaffarpur, Darbhanga and Bhagalpur Rs. 40,171 was spent on relief to sufferers from this disaster.

**Orissa.**—In October 1943 a severe cyclone accompanied by heavy rain struck Balasore district doing much damage to paddy crops and livestock. Standing crops in Puri, Ganjam and Cuttack districts were also adversely affected by another cyclone. In this year Rs. 10,220 was spent on relief work in the district.

**Bengal.**—In 1943 in almost all the districts of this province famine prevailed and was at its worst from June onwards. The serious economic situation was complicated by untimely droughts and rains and by a cyclone in the month of October.

Floods in July and August affecting Burdwan, Hooghly and Midnapur districts aggravated an already serious situation. In 1943 and the early part of 1944 large sums were expended on famine relief in this province. It is not possible to deal with the grave problems involved within the limited space available in this report and for a full account of what happened and the remedial measures adopted the reader is referred to the report of the Famine Commission.

**Madras.**—There was much scarcity in 1943 due to deficient rains in the districts of Bellary, Anantapur, Kurnool and Cuddapah and over Rs. 30 lakhs was spent in financial assistance on this account. In 1944 there was again much distress on account of scanty rainfall and 34 famine camps were opened in which nearly 16 million workers were paid part of their wages in grain. In Pattikonda Taluk distress was acute and nine relief camps were opened in that area. A special Famine Collector was appointed in Bellary and Cuddapah districts and Government sanctioned for relief work a sum of Rs. 1,31,000. The Peoples' Famine Trust Fund donated Rs. 40,000 for relief work in Bellary, Anantapur and Kurnool districts.

**Bombay.**—In 1943 famine conditions were declared to exist in the whole of Bijapur district and scarcity was declared in parts of Sholapur, Satara, Dharwar and Belgaum districts. Special works were started and over 5 lakhs of rupees was spent on financial assistance in these areas. The above noted conditions continued till the end of 1943 and early 1944 and a scheme was instituted for the distribution of food grains, fodder and standard cloth in both the famine and scarcity areas. In Bijapur district the Famine Relief Committee started a scheme known as the 'Bullock Hire' scheme in order to assist agriculturists. On account of economic distress in the province relief to the extent of Rs. 24,38,059 was given in the way of subsidies and the remitting of revenue.

**Central Provinces.**—Special operations started in 1942 on account of scarcity were continued in 1943. In the subsequent period no further operations call for any special comment.

**Sind.**—In 1943 there was heavy flooding in Karachi and Upper Sind Frontier districts and a sum of Rs. 3 lakhs was spent on gratuitous relief. There was no agricultural distress in Sind in 1944.

**Punjab.**—In 1943 and 1944 some relief had to be afforded to certain villages affected by floods in Ambala, Attock, Gurgaon, Sialkot and other districts, but on the whole there was little agricultural distress in this province in this period.

**United Provinces.**—In 1943 a state of scarcity was declared in the districts of Mirzapur and Singrauli Pargana. A considerable sum of money was spent on relief and other kinds of financial assistance. In 1944 neither scarcity nor famine was declared to exist in any part of the province.

**Ajmer-Merwara.**—Much damage to life and property was caused in Beawar Tehsil in 1943 by heavy rains and floods. Government of India sanctioned Rs. 100,000 for relief works in the affected areas.

No famine relief measures of note were necessary in the N. W. F. Province, Delhi, Baluchistan or Coorg in the period under review.

## HEALTH ACTIVITIES IN PROVINCES.

14. The various health activities of the Provincial Public Health Departments during 1943 and 1944 are briefly summarised below.

**N. W. F. Province.**—1943 and 1944.—Public Health propaganda was as usual carried out by the staff of the two provincial travelling dispensaries by means of lectures, magic lantern slides and posters. Models and posters were also displayed at public fairs. During this period the medical inspection of school children had again to be held in abeyance. In 1944 Mardan municipality introduced bye-laws for compulsory vaccination and to control the slaughter of animals.

**Punjab.**—1943 and 1944.—During this period Government sanctioned 56 additional posts of Sanitary Inspectors intended to combat epidemics and to carry out other public health work. The proposal to set up a Public Health Corps noted previously was sanctioned by Government and 20 units in the first instance with 8 additional units have now been sanctioned from the 1st April 1945. The staff for the first three have been given training in various rural health problems including the collection of vital statistics and have already proved very helpful in anti-malaria and anti-plague activities. As an experimental measure two health clinics to carry out an intensive survey of public health within the two areas allotted to them and to conduct necessary remedial measures have been sanctioned and will soon start functioning regularly. The Government has allotted a sum of Rs. 5 crores for post-war health reconstruction schemes mainly in rural areas. The post of Medical Officer of Health for Factories which was sanctioned could not be filled as there was no suitable candidate ; consequently the inspection of factories and mining areas continues to be carried on by the district health staff. Rapid housing surveys in industrial areas have shown that deplorable housing arrangements exist for workers and Government is considering amendments to the Punjab Factory Rules with a view to the provision of decent housing for factory labour. A number of nutrition and diet surveys were carried out during this period from which it seems that while the people were not suffering from any actual shortage of food both the poorer and the middle classes in the urban as well as in the rural areas normally consume diets deficient in proteins and fats and vitamins A and C.

1944 saw the completion of three years' experimental work which seems to have demonstrated the efficacy of iodised salt against simple goitre in the Punjab and the question of replacing supplies of common salt by iodised salt through legislation if necessary is under Government's consideration. The Kurukshetra Sun Eclipse Fair was held in July 1944 and was not followed by any outbreak of disease. The presence of cholera infection in the nieghbouring provinces and the meteorological conditions had caused the fear that cholera might follow this fair, but the general sanitary arrangements proved successful in helping to prevent this. However, it is to be remembered that the gathering was very much below the normal owing to restrictions on the issue of railway tickets and on lorry traffic.

**Delhi.**—1943 and 1944.—Throughout both these years considerable difficulty was experienced in maintaining satisfactory sanitary arrangements on account of the heavy influx of population into Delhi proper, problems associated with the shortage of petrol for the rubbish lorry service and the drift of sweepers to other vocations. The sanitary staff rendered valuable assistance during the August Jumna Flooding. A local board was formed in Chiragh Delhi to try and improve the sanitation of this historical village. The school medical service continued to function in both the urban and the rural areas and the medical examinations carried out under this scheme showed that defects of vision and malnutrition are commonly more pronounced among boys than girls. In the rural areas enlarged spleen is noticeable. In July 1944 the Delhi Milk Control Order was introduced in order to try and improve the quality of milk and to control its price. Two new projects for raising the level of the Bela area as anti-malaria measures in Delhi were undertaken. Satisfactory sanitary

arrangements were made for the big religious fair Maha Yagna Mela held on the left bank of the river Jumna in February, 1944.

**United Provinces.**—1943 and 1944.—A scheme applying to 32 urban areas for the treatment of certain infectious diseases in the isolation blocks and wards of district hospitals was introduced. The idea is to provide facilities for the treatment of these diseases in the absence of special infectious disease hospitals. In order to strengthen the public health staff, district health officers were appointed in 1944 in the remaining eight districts and assistant medical officers of health in seven others. Sanitary gangs with each rural sanitary inspector are now provided and two more Assistant Directors of Public Health for general duties were appointed. A senior public health officer was seconded to the Police Department in order to organise a scheme for the control of malaria in police lines and stations. The administrative control of 16 Rural Development travelling dispensaries and one travelling dispensary in Garhwal was transferred to the Public Health Department with effect from the 1st April 1943. For want of sufficient medical staff some rural development dispensaries had to be closed down.

Government sanctioned loans to four municipalities for the construction of quarters of sweepers, but the scheme could not be proceeded with on account of the non-availability of building material. The scheme for elementary medical relief for villages through the supply of medicine chests was transferred to the charge of the Rural Development Officer with effect from the 1st April 1943. In 1944 Government took over the superintendence of the public health service of seven municipal and seven district boards on account of persistent default in carrying out sanitary and epidemic measures. In the 13 separate clinics operating under whole-time school health officers 27,080 new and 54,915 old cases were treated in 1943. In 1943, 29·8% of the samples sent to the Public Analyst were found to be adulterated, the municipalities showing the highest percentage being Dehra Dun, Naini Tal, Aligarh, Mussoorie and Bareilly. In addition a large number of pharmaceutical Indian preparations were found to be grossly adulterated or below standard. The Butter, Ghee and Fat licensing rules of 1930 were replaced by new rules in 1943 which now come into force as soon as the relevant Act is applied. A new rule added to the U. P. Factory Rules, 1935, provides for the inspection by a district or municipal health officer of water supplies of all factories twice a year and the submission of samples for analysis.

**Bihar.**—1943 and 1944.—The customary public health measures were adopted at all big fairs during this period, special measures being taken at Sitamarhi, Hajipur and Sonepur festivals. The prevalence of epidemic disease in North Bihar Circle during this period was pronounced and defective communications and the smallness of staff made effective health work difficult to carry out.

**Orissa.**—1943 and 1944.—In this province the preventive staff had to face a serious situation created by devastating floods, food shortage and the immigration of persons from Bengal, but on the whole there was no serious deterioration in these services. Of the municipalities in the province three have qualified health officers, the remaining five employing health inspectors only. Steps have been taken to appoint a health officer in Parlakimedi municipality. A public health scheme with a Government health officer Class I and five health inspectors more or less on the lines of the scheme now working in other four districts is being introduced in Sambalpur district. The application of compulsory vaccination on the licensed system introduced as an experimental measure in the rural areas of Cuttack and Balasore in 1944 has been extended for five years and a proposal to introduce the same scheme in Sambalpur district is before Government. The medical examination of students

in the High Schools and the Middle Schools was carried out as usual. A special consignment of 25 tons of dry milk was supplied free by the Central Red Cross Society in each of the two years under review for distribution to destitute children in the four coastal districts of Cuttack, Puri, Balasore and Ganjam. A free gift of 10,34,000 vitamin tablets was also received from the American Friends Service Committee for distribution to the needy. During this period the Orissa Branch of the Indian Red Cross Society became a subscriber to the Red Cross Film Circulating Library, New Delhi, and films on different health subjects thus made available were exhibited at public cinema shows.

**Bengal.**—1943 and 1944.—As noted elsewhere this province suffered severely from famine and epidemic during this period and a temporary expansion of the health service to meet the situation has been noted elsewhere. Nearly 2,000 milk canteens were established under the Public Health Department for the benefit of children and expectant and nursing mothers. Multi-vitamin tablets and shark liver oil were also issued in the relief institutions and in hospitals. All the resources of the Health Department were concentrated on coping with conditions arising from the famine and other activities more or less came to a stop.

**Assam.**—1943 and 1944.—Health conditions in this province during the period under review were far from satisfactory. In 1943 the total recorded deaths showed an increase of 11,351 over the previous years' figures while the recorded births registered a decrease of 20,909 over the corresponding figure of 1942. The Assistant Directors of Public Health were asked to draw up a three years' plan for the improvement of sanitation within the available finances of municipal boards, but little progress in the direction of implementing any of these proposals were made. With the object of improving the administrative machinery the Public Health Department was reorganised with effect from the 1st April 1944 and for the eight plains districts medical officers of health and a number of Sub-divisional officers were appointed. Urban health officers for the municipalities and rural health officers and inspectors for rural areas were also appointed. Problems of rural sanitation concern the improvement of rural water supplies and the improvement of rural housing. The latter has been taken up in the rural health development scheme. In many of the municipal towns water supply and conservancy arrangements continued to be both inadequate and unsatisfactory. Activities in connection with health propaganda, school hygiene and medical inspection of school children were carried out as usual. Vaccination was made compulsory in 16 villages in the Mikir Hills from the 1st August 1943.

**Central Provinces.**—1943 and 1944.—In 1943 owing to the prevalence of cholera in certain areas some festivals had to be banned. The innovation of 'Ghara Sheds' to supply pure chlorinated water to pilgrims at festivals proved to be a success. In 1943 eight sub-assistant health officers and in 1944 nine more were released for military service and their areas were distributed among the remaining staff. The medical inspection of school children and school buildings was carried out as usual and as previously many schools were found to be badly lighted, poorly ventilated and with accommodation that was in a dilapidated condition. The provisions for proper drinking water and decent sanitary conveniences were also defective. Besides the usual health propaganda a large scale health exhibition, which was the first of its kind, was held in the War Services Exhibition and evoked considerable interest.

**Bombay.**—1943 and 1944.—The Rural Development Boards continued to carry out useful work in village sanitation and the various sanitary associations functioned as usual. A scheme for the eradication of guinea-worm was put into operation in Satara and Dharwar districts. Due to paucity of qualified candidates all the 12 posts of health visitors, 18 posts of epidemic medical officers and 10 posts of sanitary

inspectors for the Shock Squad scheme remained vacant. A nutrition survey of more than 5,000 children was carried out.

**Sind.**—In 1943 Government appointed a committee to investigate the expansion of facilities for medical relief in rural and urban areas in the province. This Committee drew up a ten year plan which is under consideration. Sanitary Boards were formed at the district headquarters, but the only one that functioned properly was in Karachi. A Nutrition Advisory Committee was also appointed and it is proposed to move for a separate organisation to carry out nutrition surveys and other work in this connection. A special Joint Water Board was also set up at Karachi in charge of water supply and drainage schemes for that city. A proposal to reorganise the Public Health Branch of the Public Works Department for the preparation and scrutiny of public health schemes for the various towns in the province and schemes for the development of urban areas including the zoning of industrial areas is under the consideration of Government. It is realised that the present system for the registration of births and deaths needs considerable overhaul and improvement but a scheme proposed to this end has been held up for the duration of the war. Towards the end of 1943 a post of a permanent Director of Public Health was created and certain additional temporary staff was also sanctioned.

**Madras.**—1943 and 1944.—Certain urban local authorities have not yet notified residential areas as required under Section 89 (1) of the Public Health Act for which purpose Government had extended the time limit up to the end of March 1945. The provisions of the Act relating to drainage and private sanitary conveniences had to be relaxed in practice owing to the shortage of building materials. The posts of one first class health officer, 5 second class health officers and three district health officers were also sanctioned in 1943. The experimental scheme of Licensed Inspectors working under district health officers has been extended for a further period of two years. In 1944 a health exhibition, and a nutrition exhibition were organised under considerable difficulties associated with lighting restrictions, etc. Two more important festivals were declared notified festivals under the Madras Public Health Act. A health officer who had training and experience at Bangalore and Nagpur held a special class of sanitary inspectors for training in the conversion of town refuse into compost and municipalities were advised to introduce this process if possible. The prevention of Food Adulteration Act was extended to 35 local areas in 1943 and 26 in 1944, bringing the total of such areas to 200. A nutrition officer with the necessary staff was appointed to carry out diet surveys, studies of local food-stuffs and propaganda. A scheme to supply free midday meals to school children in certain areas is before Government.

**Coorg.**—1943 and 1944.—The medical examination of school children in 39 schools was continued as before and the scheme for follow up treatment worked satisfactorily in those cases where the school is situated in the same place as a dispensary but was a failure in the case of schools situated at any distance from a dispensary. To date 56 schools only have been provided with bore-hole latrines. Suitable sanitary and conservancy facilities were arranged for in the fairs held during this period and at Bhagmandala persons coming to the fair from infected areas were inoculated before they were allowed to enter the village.

**Ajmer-Merwara.**—1943 and 1944.—A travelling dispensary was arranged for two months at the expense of the Ajmer-Merwara Flood Relief Committee in order to give medical aid to villagers in the areas affected by floods in 1942. Sullage drains were constructed in Beawar town and in Kekri town the process of converting town refuse into manure on the Bangalore system was started in 1944.

## SECTION IV.

### Maternity and Child Welfare.

*Maternity and Child Welfare Work in the Provinces.*

15. **N.-W. F. P.**—1943 and 1944.—Seven Maternity & Child Welfare Centres in which qualified health visitors work and three sub-centres in rural areas under trained dais functioned throughout these two years. All these Centres were maintained by the Provincial Red Cross Society and were inspected by the Lady Assistant to the Director of Public Health. Eleven pupil dais in 1943 and nineteen in 1944 qualified at the Dais Certificate examination for district work ; seven in 1943 and ten in 1944 passed the final examination of the Provincial Midwives' Training Centre. This work of training qualified dais is important and though the progress has been slow it is on the whole satisfactory. It is for the consideration of this Government whether they themselves should not assume all responsibilities with regard to this important health activity rather than to leave such virtually to a voluntary association.

**Punjab.**—1943 and 1944.—A total of 115 health centres operated throughout the year (42 in urban, 33 in rural and 40 in semi-rural areas). There were also 134 sub-centres in the province. The Public Health Department disbursed to these various centres grants-in-aid amounting to Rs. 25,000. Proposals for the expansion of the Maternity & Child Welfare Service including the establishment of 126 additional centres referred to in the 1941-42 report were sanctioned this year by the Government. The Punjab Health School of Lahore is consequently to be expanded to provide accommodation and teaching facilities to train 25 additional health visitors and the number of stipends at the School has been increased from 8 to 24. In addition, in order to stimulate interest in midwifery, 36 scholarships each of Rs. 20 per month have been sanctioned. The Principal of the Punjab Health School has been relieved of her inspection duties by the appointment of an Inspectress of Health Centres with a Circle Inspectress and an Ass stant Inspectress.

In 1944 only six centres, as against provision made for 29, could be opened on account of the lack of qualified health visitors. During the year 20 students obtained the Health Visitors' Dip oma. 'Of the 432 candidates who appeared for the Trained Dais Certificate 307 succeeded in qualifying (241 urban and 66 rural). The total number of certified dais in the province was 5,771. In different parts of the province refresher courses for trained dais were organised. Government have also approved the scheme to provincialise the services of health visitors working in rural health centres and have extended for a period of two years the term of the Punjab Health School.

**Delhi.**—1943 and 1944.—In spite of difficulties some progress was achieved by the Maternity & Child Welfare Centres and the number of confinements conducted by the centres, the number of home visits and the number of those who attended the clinics all showed some increase over the 1942 figures. In New Delhi the clinic attendance of antenatal cases, infants and toddlers showed a marked increase, from 25,431 in 1942 to 39,410 this year. No maternal deaths were reported from amongst the cases attended to by the Centres in New Delhi and Notified Areas and Civil Lines. Infant mortality rate remained high, probably, because of malnutrition and malaria. In rural areas the maternal mortality rate was 3·3 for the area as a whole and 2·6 in that part in which the Centre activities were prosecuted. Infant mortality rates in the rural areas showed a decrease both for the area as a whole and for the Centre, the figures for the former being 175·7 in 1943 (compare 230 in 1942) and for the Centre 105 (compare 152·3 in 1942). This year clinic attendance declined from 40,014 in 1942 to 33,769 and home visits also declined from 29,646 in 1942 to 19,860 in the year

under report. It is thought that several factors are behind these rather unsatisfactory figures of which special mention may be made of the difficulties in communication and the unsatisfactory conditions under which the health staff themselves have to live.

The general improvement in regard to the activities of the Centres was continued in 1944. The number of homes visited as also the number of home visits by the rural Health Visitors showed a satisfactory increase over the figures of 1943.

Her Excellency Lady Wavell opened in December, 1944, the new building donated by Sir Sobha Singh for the Mehrauli Centre. A new Welfare Centre is under construction in Delhi Shahdra.

**United Provinces.**—1943 and 1944.—In 1943 the number of Centres and Health visitors were 358 and 31 respectively as compared with 339 and 29 in 1942. These centres conducted 45,968 confinements ; the infant mortality among the cases conducted by the staff being 53·35 per thousand as against 298·8 per thousand among those classes conducted by persons other than the Centre staff. The mortality rate among mothers whose confinements were conducted by trained staff was 4·4 which is nearly half of the rate (7·15 per thousand) among those conducted by other persons. During the year five candidates were trained as health visitors at the Silver Jubilee Health School but the response of candidates for training as dais and assistant midwives was unsatisfactory.

In 1944 a Ladies' Special Sub-Committee was formed with the idea of stimulating interest in maternity & child welfare work. An Assistant Director of Maternity was appointed by Government. Owing to the shortage of workers the provincial centres had to be reduced this year to 334.

**Bihar.**—1943 and 1944.—Maternity & Child Welfare Centres functioned in Patna, Monghyr, Arrah, Ranchi and Jamshedpur towns and in the colliery areas of Giridih, Bhorkunda and Argada. New centres were opened in Bhagalpur town and Panchayat Area Committee area in 1944. There is, however, no proper organisation for maternity & child welfare work in the rural areas of South and North Bihar circle. The District Boards of Champaran and Darbhanga maintain only a qualified midwife each. Attempts to train dais in the rural areas by means of simple lectures and occasional demonstrations on actual labour cases were continued. On the whole maternity & child welfare work in this province has a lot of leeway to make up.

**Orissa.**—1943 and 1944.—The Maternity & Child Welfare Centres at Cuttack, Berhampur and Sambalpur each continued to function under a qualified health visitor. Two new Centres each under the charge of a trained dai were opened in 1944. A Health Visitor was appointed in October 1944 at the Lady Hubback Maternity & Child Welfare Centre, Cuttack, her salary being met from the Provincial Red Cross Fund. In 1944 Government sanctioned Rs. 2,000 for the maintenance of this Centre and the Maternity Supervisor and the midwifery staff conducted 683 confinements during this year and paid 3,012 home visits in the town. Dried milk supplied by the Red Cross Society was distributed to needy women and children at the Centre. The trained health visitor who was appointed in 1943 at Berhampur with the help of a contribution from the Central Red Cross Society is now paid by Government and this Centre is financed largely from municipal funds. Here also milk was given free to mothers and infants attending the Centre. The Sambalpur Centre was financed by the Municipal and District Boards. Government have sanctioned a health visitor whose appointment will be made as soon as the building now under construction is completed. Government have also sanctioned a health visitor for the Puri Centre and separate centres at Balasore and Baragarh will, it is hoped, be ready in 1945. The health visitors at the local Welfare Centres have been instructed to be present every

week at the prenatal and postnatal clinics in those hospitals to which a woman doctor is attached. This year Government sanctioned two stipends for pupil health visitors to be trained at the Lady Reading Health School, Delhi, but suitable candidates were unfortunately not available. As an experimental measure refresher courses for dais were conducted in Cuttack and Balasore. Altogether in the period under review there was considerable activity in this province in this important health matter but a very great deal remains to be done, particularly in regard to stimulating interest among the women of Orissa themselves.

**Bengal.**—1943 and 1944.—Six new Centres started to work and three defunct ones were resuscitated in 1934. In 1944 five more Centres received grants from Government in addition to the 39 already in receipt of such. However, four Centres had to refund their grants this year on account of their inability to utilise them. Some of the Centres had to be closed down for varying purposes such as the lack of trained staff or on account of their buildings having been requisitioned for other purposes. Requisitioning of a building used as a Maternity and Child Welfare Centre seems astonishing.

**Central Provinces.**—1943 and 1944.—In 1943 the Provincial Red Cross Welfare Committee of the Indian Red Cross Society continued to be in charge of welfare work. There were 83 Child Welfare Centres in this province, 56 in urban areas and 27 in rural areas, the attendance totalling 536,149 (201,713 infants, 315,321 toddlers and 19,115 antenatal cases). The health visitors working at these centres paid 286,676 home visits while 22,560 confinements were conducted either by or under the immediate supervision of trained staff. In Amraoti district two rural Centres had to be closed down for financial reasons and in view of this the Provincial Welfare Committee has decided that before any rural Centre is opened in the future the District Council concerned shall give an assurance to support the Centre for five years at least. A refresher course for health visitors who qualified prior to 1938 was started in November of this year.

In 1944 eighty seven Centres were maintained most of which worked satisfactorily. The Provincial Welfare Committee was aided by a Government grant of Rs. 40,000. This Committee has done good work in the province but the policy whereby the Government permits a vital health matter of this kind to be in the charge of voluntary organisation seems strange.

**Bombay.**—1943 and 1944.—There were 43 Centres affiliated to the Bombay Mofussil Maternity, Child Welfare and Health Councils, two new Centres being opened and grants to seven being withdrawn. The touring lady doctor inspected all the Centres twice a year and the honorary Adviser to the Council inspected a few Centres herself. This Council aided 43 Centres with a grant totalling Rs. 26,644 and also gave grants in aid amounting to Rs. 7,736 for institutions training midwives and assistant midwives. Training as senior dai was given to 91 women of the poorest class under the Lady Wilson Maternity Association Scheme. Seven students passed Part I Examination of the Health Visitors Institute in this year. The Bombay Presidency Infant Welfare Society also carried out useful activities ; 3,789 expectant mothers were admitted to its various Centres and 3,184 were directed to the Maternity Institutions maintained by the Corporation in Bombay city. Infant mortality rate in Bombay in 1943 was 157·4 compared with 150·52 in 1942. Infant death rate in the urban and rural areas of the Presidency was 191·7 and 146·8 respectively, particularly high rates being recorded in Poona (771·2), Viramgaon (375·2) and Pandharpur (328·9).

**Sind.**—1943 and 1944.—All progress for providing their own maternity service is hampered in this province by the lack of suitably trained staff. Government have

made considerable efforts in recent years, to get over these difficulties but so far these efforts have not achieved much success. In the face of these difficulties there is really no organized work in this field and until it becomes possible to train girls as health visitors and midwives it is difficult to see how the situation can be materially relieved.

**Madras.**—1943 and 1944. -In both these years work was carried out under a severe handicap of lack of qualified medical women. In 1943 two new posts of women medical officers and four new posts of health visitors were sanctioned bringing the total of health visitors in the province to 67. The total number of Child Welfare Centres under the various local bodies was 355. This year nine women medical officers completed the post-graduate course in maternity and child welfare and 11 pupil health visitors completed the training for Government diploma, six of them qualifying at the final examination. In 1944 eight pupil health visitors were trained six obtaining the diploma. Coimbatore and Virudhunagar municipalities provided new buildings as Welfare Centres.

**Coorg.**—1943 and 1944.—In 1943 the post of health visitor was abolished and the practice of training midwives, for work in rural areas was discontinued the following year as it was felt that the services of those already trained were not being fully utilised. The total number of deliveries attended to by trained midwives in 1943 and 1944 were 1,094 and 1,067 respectively. It is hard to understand how the abolition of the post of health visitor and giving up the practice of training midwives can be held to be likely to encourage the growth of maternity and child welfare work in this area.

**Ajmer-Merwara.**—1943 and 1944.—The reports contain nothing which calls for special comment.

**Baluchistan.**—1943 and 1944.—There were four Child Welfare Centres in these years and in addition 13 midwives worked in the various Government hospitals and dispensaries. Maternity and Child Welfare work in this area is really still in its infancy.

## SECTION V.

### Port Health Administration.

16. Once more on account of security reasons it is not possible to print an account of quarantine activities at the major sea ports and air-ports. Owing to war conditions no Haj was held in 1943 but with the improvements in the general situation in 1944 a restricted Haj was held that year which was attended by nearly 5,000 pilgrims from India. The usual reports on the arrangements for the Haj were made and are available in the Office of the Public Health Commissioner.

## SECTION VI.

### Health Administration on Indian Railways.

17. No detailed comment on the health of railway employees can be made on account of lack of space and for security reasons. It can, however, be said that inspite of a very heavy strain owing to general prevalent conditions the health of the railway services was maintained on the whole satisfactorily though, of course, the incidence of sickness showed a considerable rise, a part of which at least may be ascribed to a considerable increase in staff. The problem of malaria on Indian Railways, always acute, became even more so during the period under review owing to heavy local rains and imported infection and epidemic outbreaks of this desease in Bengal, Assam and

other places referred to elsewhere in this report. Railway colonies were on the whole during this period free from outbreaks of cholera, smallpox and plague, a fact that testifies to the vigilence of the railway health authorities. Mention should be made of special measures designed to provide rations to railway employees which arrangements may be said to have worked satisfactorily in the face of considerable difficulties.

## SECTION VII.

### Health of Jails in British India.

18. The tables which show accommodation available in jails, the extent of overcrowding, sickness and mortality rates per thousand of the average daily population and gains and loss in weight cannot be shown owing to lack of space. The salient features with regard to these points are, however, given below.

**Accommodation in jails.**—In both 1943 and 1944 there was overcrowding in the jails of the provinces for varying periods, an exception being the Punjab in which the average jail population was actually less in 1943 than in 1942. The usual measures to deal with overcrowding were adopted, *e.g.* the use of tents, verandahs, hospital wards, temporary barracks, etc. Two new camp jails were opened in 1943 in Bihar to deal with this overcrowding problem but in 1944 the reduction in the average jail population enabled five camp jails in all in the Province to be closed down. In Bombay, the Central Provinces, Madras and Assam, the daily average population in 1944 was well below the authorised accommodation.

**Sickness and Mortality.**—In 1943 the average number of constantly sick as also the total deaths in every province was higher than for the corresponding period in 1942. However, when these figures are converted into rates per thousand of population in some cases the 1943 results are lower than those of 1942 which indicates that the higher total sickness and mortality was really due to the increase in the average jail population and not to any deterioration in health conditions in jails in those provinces to which this applies. In 1944 the total sickness and total mortality were lower than those in 1943 though in this year in the case of the Punjab, Bihar, Orissa, the Central Provinces and Sind the rates per thousand were still higher than those noted in 1942. The principal diseases were pulmonary tuberculosis and pneumonia followed by dysentery and diarrhoea.

**Weights of prisoners.**—The rates for the period under review show little variation from those in the previous years. With the exception of the United Provinces and Bombay the percentage of persons who showed a gain in weight at the time of release was slightly higher than in the previous year.

The general sanitation of all jails is reported in every case to have been satisfactory. The Andamans Island continued to be occupied by the enemy during 1943 and 1944.

## SECTION VIII.

### Medical Research.

19. Owing to the continued economy in paper necessitated by war the work done in India on medical research under the auspices of the Indian Research Fund Association has once more to be described in brief.

**Cholera.**—During 1943 and 1944 cholera research was not carried out on a large scale. The value of sulpha drugs in the treatment of cholera is however still being investigated.

Much valuable material on the efficacy of anti-cholera inoculation has been collected during a special investigation in Madras and the results are under careful analysis.

The Cholera Advisory Committee which met in November, 1944, reviewed evidence regarding the use of cholera bacteriophage which had accumulated since the publication of the report of a special *ad hoc* Committee appointed by the I. R. F. A. in 1934. The Committee decided that there was as yet no evidence that bacteriophage is as valuable as the recognised measures in common use for the prevention and treatment of cholera.

**Plague.**—Field trials with sulphonamides were continued and the results are encouraging.

The protection power of the new Plague vaccine prepared in modified acid hydrolysate of casein (*Muller* and *Johnson*) was found to be twice as great as the original Haffkine Vaccine and slightly more than Agar vaccine (grown at 37°C). Its toxity was low and its keeping properties better than the Phenol preserved Agar vaccine.

**Malaria.**—Research activities on this important subject continued to be governed by war conditions and the pre-occupation with immediate war problems of the staff of the Malaria Institute of India. Laboratory research was restricted mainly to the preparation of anti-sera for determining the source of mosquito blood meals. A large number of tests were carried out. Field researches in certain villages near Delhi with special reference to the spray killing of adult mosquitoes were continued. The research unit operating in North Kanara completed a year's investigation and was withdrawn while researches in South India were continued.

An intensive series of experiments both in the laboratory and in the field were carried out on insecticides such as Indian and Foreign emulsions, activators of pyrethrins, individual sparklet sprayers, freon bombs, etc., repellents, such as pyrethrin cream, DMP cream and DMP liquid repellent have been tested. Experiments using various diluents were also conducted with D. D. T. both as a larvicide and insecticide. The standard type of hand sprayer (MISH) has been modified in certain respects.

**Leprosy.**—Researches on leprosy.—One of the major problems of India, were continued by Dr. Dharmendra at the School of Tropical Medicine and by Dr. Cochrane at the Lady Willingdon Leprosy Sanatorium, Chingleput, Madras, respectively under the following heads :—

(1) Clinical. (2) Immunological. (3) Therapeutic.
(4) Epidemiological and preventive. (5) Bacteriological, and
(6) Animal.

**Indigenous Drugs.**—Enquiries to determine the value of indigenous drugs reported to be of use in certain diseases were continued.

The main centres of investigations on this subject were (1) the King Edward Medical College, Lahore (2) G. S. Medical College, Bombay (3) School of Tropical Medicine, Calcutta (4) Haffkine Institute, Bombay and (5) Drug Research Laboratory, Jammu, Kashmir.

**Maternal Mortality.**—The enquiry into the causes of infant mortality and morbidity in Delhi Province was completed in 1943.

**Nutrition.**—In October, 1943, the Nutrition Advisory Committee surveyed the existing position of research in various fields and indicated the gaps in existing knowledge which require to be filled. It also suggested various relatively undeveloped or new lines of research to which, in its opinion, special attention should be given. The Committee recognised that no clear cut distinction could be drawn between 'basic' and '*ad hoc*' or applied research with an immediate, obvious and direct bearing on problems of human nutrition in India. Provision for basic research was, however, considered necessary to provide the tools for applied and *ad hoc* research and to help in maintaining high scientific standards in all fields of research, the objective of relating basic research to practical problems being kept in view. The subjects on which a

continuance of basic research in relation to practical problems was considered essential were (1) Analysis of food (2) Absorption in and utilisation of proteins, fats, calcium, iron and other food factors by human beings (3) Basal Metabolism in regard to the influence of racial dietetic and climatic factors (4) Diet surveys and (5) State of Nutrition. Emphasis was also laid on the necessity for clinical research from the nutritional standpoint into children's and ophthalmic diseases.

Special reference needs to be made of the enquiry into methods of treating sick starving destitutes in Calcutta based on the All-India Institute of Hygiene and Public Health, *viz.*, production of protein hydroslates for destitutes suffering from inanition.

**Filariasis.**—Field surveys in the districts of Nasik in Bombay Presidency and in Muzaffarpur in Bihar were completed in 1943. In 1944 field surveys were carried out at Jhargram, a sub-divisional town in the district of Midnapore (West Bengal), Krishnapur, the headquarters of the district of Nadia, Chandranagar (Hoogly District) and Ratanpur in Bilaspur District (C. P.).

Several drugs both indigenous and imported were tried in the treatment of filariasis but as a specific for filarial infection none was found to be of any value.

**Filterable Viruses.**—Field experiments to ascertain the relative value of chick membrane lymph and the routine calf lymph in the prevention of smallpox were continued. An attempt was also made to ascertain the degrees of immunity conferred against vaccine virus by re-vaccination of children originally vaccinated with chick membrane lymph and calf lymph in the first year of the experiment. The work is in progress.

Dr. Savoor undertook in 1944 an enquiry on typhus at the Haffkine Institute, Bombay.

Detailed reports on the researches mentioned above and many others which have not been included here for want of space are to be found in the reports of the Scientific Advisory Board for the years 1943 and 1944 and other records of work of the various research workers concerned.

## SECTION IX.

### Voluntary Organisations.

A brief review of the activities of the voluntary workers and organisations associated with local health activities is given below:—

20. **The Indian Red Cross Society.**—This Society continued to cope successfully with its ever-increasing responsibilities towards sick and wounded Indian soldiers and prisoners of war in the various parts of the world. The rules of the Indian Forces Medical After-care Fund were amended to cover the cases of Indians who served in the present war and also the cases of women. The scope of the Fund was also widened in order that aid might be given to institutions looking after ex-service men. During the period under review all the normal peace-time activities were carried on; relief on an extensive scale was arranged to assist the disaster caused by the famine in Bengal. An appeal for funds was launched by Their Excellencies the Viceroy and the Vicerine for the special purpose of famine relief work and a Fund was raised which totalled Rs. 2,826,990. The largest individual donation was from the Irish Red Cross Society which at first sent £ 2,000 and later a magnificent donation of Rs. 100,000. In September 1943 a Red Cross Milk Distribution Service was initiated for the benefit of the famine-stricken areas of Bengal and this service was later extended to Cochin, Malabar, Travancore and Orissa. The Society received much assistance in securing supplies of milk from various sources including

His Majesty's Government in the United Kingdom, the American Friends Service Committee, the American Red Cross Society, the South African Red Cross, the Food Department of the Government of India, the New Zealand Government and people and certain private sympathisers. So quickly and efficiently was this scheme put into operation that during the month of January 1944 in Bengal alone milk was distributed to nearly 29,000 children and nursing mothers at a large number of canteens in Calcutta and the mofussil. By the end of 1944 more than 107,000 daily feeds were being given at 1,807 Centres throughout Bengal. The total quantity of milk imported for this purpose reached nearly 4,000 tons and cost over one crore of rupees. In addition nearly a lakh of blankets worth about Rs. 6 lakhs were secured from various parts of the country and forwarded for distribution in Bengal. In 1943 flood relief measures were organised in Ajmer-Merwara, the Headquarters of the Society contributing Rs. 13,120 in cash and medical supplies while the provincial branches contributed Rs. 8,623 in 1943 and Rs. 1,064 in 1944. In May 1943 a grant of Rs. 3,000 was made by the Society to the Madras Branch for famine relief in Bellary, Kurnool and Anantapur districts. However nearly Rs. 2,000 of this was refunded in 1944 as the provincial branch had been able to raise sufficient funds locally. The Bombay Provincial Red Cross Society organised relief measures for sufferers from the Bombay Dockyard explosion and the American Red Cross donated 10,000 dollars towards the expenses of the special clinic established at the King Edward VII Hospital to provide artificial limbs for the victims of this disaster. In 1943 the Society received a grant of 2,000 Swiss Francs from the Empress Shoken Fund in aid of Red Cross disaster relief and the civil Blood Transfusion Services. In connection with this latter the Society's Certificate of Merit for those who gave at least 10 donations of blood was awarded to 29 persons.

In the health publicity field eight copies of different films were prepared in 1943 and six in 1944 while ten copies of a film entitled " Angels of Mercy " and one copy of " Nurse " were supplied for circulation by the Department of Information and Broadcasting of the Government of India. As a measure of paper economy both the Red Cross Journal and the Indian Junior Journal are now published quarterly and in connection with the latter two new pamphlets entitled " The Juniors Role in Rural Welfare " and " Junior Red Cross " were produced as guides to junior Red Cross workers. Throughout both these years the Junior Red Cross continued to make a steady progress in its many activities for the alleviation of suffering caused by famine, flood and epidemics. They also associated with work in connection with the Polish Junior Red Cross in India.

The activities which are guided by the Maternity and Child Welfare Bureau suffered during this period both from shortage of funds and lack of trained personnel. There was one important inauguration in that the Indian Army Central Child Welfare Committee at General Headquarters took over the responsibilities hitherto discharged by the Indian Red Cross in respect of the families of troops. In 1943 during the Red Cross Week a record sum of Rs. 144 lakhs was raised in response to an appeal for funds for the Society. A further donation that year of Rs. 10,000 from a generous donor in Bombay brought the total contribution of the Society in cash, medical stores and surgical instruments to the Russia Fund inaugurated by the wife of the Premier of England to Rs. 195,708. In 1944 a further sum of Rs. 30,000 along with Rs. 2,771 on account of surgical instruments was contributed to the Russia Fund. The Hyderabad War Purposes Fund donated through the Viceroy's War Purposes Fund a sum of Rs. 13,356 to the Chinese Red Cross. The Headquarters also donated Rs. 3,000 for relief work at Ada Bazar (Turkey) on account of the earthquake.

In 1943 two candidates were selected for post-graduate training in Nursing

Administration in Toronto, Canada, but unfortunately passages could not be provided for them. In 1944 three candidates were selected and it is hoped that they will all go abroad early in 1945.

The Society entered its Silver Jubilee year on the 7th June 1944 but the event could not be celebrated on account of war conditions.

21. **The St. John Ambulance Association (Indian Council).**—During the two years under review 123,409 persons attended 6,964 courses of lectures in First Aid, Home Nursing, Hygiene and Sanitation and Domestic Hygiene and Mothercraft and of these 87,458 qualified for the Association's Certificates. The details are: 80,528 certificates in First Aid; 5,552 certificates in Home Nursing; 624 in Domestic Hygiene and Sanitation and 754 in Hygiene and Sanitation. Voucher certificates were obtained by 3,130 candidates and Medallions by 1,775; in addition labels were earned by 520 candidates and pendants in Home Nursing and Home Hygiene and Sanitation by 461. At the A. R. P. course run by the Association 705 persons qualified. During both these years the Association organised classes in 72 different places for officers and men of the British and Indian Army. The Railways continued to encourage St. John training amongst their employees and 11,029 persons were thus trained, of whom 7,947 obtained certificates and other awards. The N. W. Railway supplied the largest number of trainees, closely followed by the G. I. P. Railway. The various police forces also attended 769 classes at which 16,175 persons were trained of whom 11,653 qualified for certificates and other awards. In institutions like prisons, reformatory schools, criminal tribes settlements, etc., throughout the various provinces 50 classes were held. Nine hundred and forty nine persons were trained of whom 585 qualified. Seventeen of the Indian States in 1943 and 13 in 1944 organised 276 and 227 classes respectively. A total of 9,957 candidates attended these classes of whom 5,671 were declared to have completed their courses successfully. During the Bombay Dockyard explosion both the Ambulance and the Nursing and Transport Divisions of the local branch rendered prompt and efficient service.

22. **The Bombay Mofussil Maternity, Child Welfare & Health Council.**—During the period under review the Council continued its policy of supporting various Welfare Centres and Maternity Homes and stimulating the training of health visitors, midwives, assistant midwives and senior dais for welfare work in rural areas. During these years they decided to try and concentrate on starting self-contained units at suitable places in those subtaluka towns in which no medical help is available. In order to release funds for this purpose the grants to Centres situated in big cities, *i.e.*, those with a population of 50,000 and over, were all reduced by 10 per cent. The Centres concerned accepted this reduction with the exception of two who closed down. Two new Welfare Centres were opened in 1943 in Baramati and Annigeri in Poona and Dharwar districts respectively. In 1944 a complete Welfare Unit was started with the help of a grant of Rs. 50,000 by Government in a backward area in Satara district at a place called Bhilawadi. The Council set up a sub-committee to advise on the organisation of Units of this kind. During 1944 eighteen Maternity Centres, 11 Maternity & Child Welfare Centres and 14 Child Welfare Centres were affiliated to the Council for guidance and financial support. In addition the Ahmedabad Indian Red Cross Society's Centre and nine other Maternity & Child Welfare Centres attached to District Local Board dispensaries were supervised during this period by the Council, all being inspected by the lady touring doctor at least twice a year. In 1944 the Ahmednagar District Committee ceased working alleging as a reason the insufficiency of the reduced grants and the Dharwar District

Committee was voluntarily dissolved in 1943. During the period under review the Poona Health School continued useful activities in cooperation with the Health Unit at Sirur. Attached to this School is the Sassoon Hospital Maternity & Child Welfare Centre for the training of the students of the School. During this period, however, new admissions to the School were few. In 1943 ninety one women received six months training as senior dais and obtained the Diploma of the Council under the Lady Wilson Village Maternity Association Scheme. In 1944 the number thus trained was 84.

23. **The Bombay Presidency Infant Welfare Society.**—During these two years inspite of many adverse circumstances the various activities of this Society were maintained on the whole at the usually high level. In order to ensure maximum efficiency the area for an individual health visitor was limited to a population of about 8,000 for the purpose of home visits and infants and expectant mothers who live outside this area received all other facilities except that of home visits. The Society maintained three Maternity Homes, seven Welfare Centres and one Creche. There were four full-time lady doctors, eight health visitors, one fully qualified nurse, six midwives and 16 probationers on the staff of the Society. In addition there were one part-time and one honorary lady doctor employed. This Society trains probationer midwives and has instituted a short course in infant welfare work lasting for three months for medical graduates. The Society also runs a training class for the health visitors' diploma.

24. **The Bombay Baby & Health Week Association.**—This Association works in close cooperation with the Public Health Department, the Chief Inspector of Factories and Rural Development Boards and tries to carry out propaganda in health, nutrition and maternity & child welfare by organising health exhibitions, cinema shows and lectures. The Association maintains a van fitted with a loud-speaker equipment, gramophone and a cinema unit. In September 1943 a dietary survey of the labour population living in the De Lisle Road area in Bombay was carried out. During 1943 a total of 238 Centres were helped and advised by the Association, and at 105 of these Centres health and child welfare exhibitions were held. In 1944 the Association and its Bombay Branch were incorporated in the Health Section of the Bombay Mofussil Maternity Child Welfare & Health Council and worked thereafter in close liaison with that Council. During this year the All India Radio, Bombay, presented the Association with a Radio set which has popularised propaganda work.

25. **Dacca Maternity & Child Welfare Trust.**—During the years 1943 and 1944 the staff of this Trust attended to 15 per cent. of all registered births in the city either during confinements or immediately afterwards. The maternal death rate and infant mortality rate among Centre cases were 8 and 29 respectively per thousand births as compared with 9·5 and 233 among non-Centre cases. The parctice has been instituted of giving prior attention to cases booked from areas selected for ante-natal work in order to try and impress on the public the necessity for antenatal attendance. Antenatal work, however, has not been successful in this town and a Centre which was opened in 1943 in a congested area had to be closed down after six months for lack of attendance. During this period 2,847 babies and 4,954 expectant mothers were kept under observation and attended to by systematic home visits. In 1943 two free milk kitchens were run for the benefit of necessitous mothers and babies and this number was increased to three in 1944. The Indian Red Cross Society and the Bengal Public Health Department supplied milk powder and evaporated milk free.

26. **The British Empire Leprosy Relief Association (Indian Council.)**—A brief reference has already been made to the activities of the Association in the Section on 'Leprosy'. Research work was as usual carried out in collaboration with the School of Tropical Medicine, Calcutta, and the Indian Research Fund Association. Research activities included immunological, clinical, therapeutic and epidemiological studies

and experimental work on animals. The immunological studies have resulted in an improvement in the lepromin test and have thrown much light on the mechanism of this reaction. A long term study of specially selected cases of various types of leprosy with a view to try and correlate the clinical, histological and immunological findings with the prognosis of the disease is under progress. Trials have been made to try and find suitable substitutes for certain drugs used in the treatment of leprosy the supply of which has become difficult.

27. **The Mission to Lepers.**—The numbers of inmates in leper homes and hospitals and homes for the healthy children of lepers in the various provinces and states owned, managed or aided by the Mission are detailed below :

| Names of Provinces. | Total inmates as on 31st December, 1942. | Total inmates on 31st December, 1943. |
|---|---|---|
| Assam .. .. .. .. .. .. | .. | 86 |
| Bengal .. .. .. .. .. .. | 504 | 468 |
| Bihar .. .. .. .. .. .. | 1,444 | 1,421 |
| Bombay .. .. .. .. .. .. | 505 | 479 |
| C. P. & Berar .. .. .. .. .. .. | 2,196 | 2,243 |
| Madras .. .. .. .. .. .. | 1,490 | 1,534 |
| Orissa .. .. .. .. .. .. | 370 | 362 |
| Punjab .. .. .. .. .. .. | 700 | 735 |
| U. P. .. .. .. .. .. .. | 899 | 853 |
| Indian States .. .. .. .. .. .. | 1,471 | 1,397 |
| Total .. | 9,579 | 9,578 |

A brief reference to the activities of this Mission which are so important in the leprosy field in India has been made in the Section that deals with this disease.

28. **The Association for the Prevention of Blindness, Bengal.**—During these two years this Association worked under considerable difficulties created by the famine and the outbreak of epidemics of malaria, cholera, smallpox, etc. These factors contributed towards a drop in the number of cases treated. In 1943 the five travelling dispensaries treated 39,978 cases and performed 1,355 operations and in 1944 the above figures were 51,333 and 1,601 respectively. In Calcutta the Eye Examination and Lecture Unit carried out 2,575 eye examinations in 1943 and 3,454 in 1944. Propaganda lectures with the help of coloured magic lantern slides were given in Schools, Colleges, Clubs, etc. The Association revised some of its lantern slides and posters and also the booklet on " The Care of the Eyes ". In 1944 there was completed a special survey of between 300 and 400 villages for the enumeration of the blind and the incidence of blindness as revealed by the " Counting fingers test " was shown to be 154 per 100,000.

In 1943 an important event in connection with work on blindness was the publication of a report by Sir Clutha Mackenzie of St. Dunstan's London on " Blindness and the Welfare of the Blind in India ". This report was called for by a Joint Committee of the Central Advisory Boards of Education and Health and Sir Clutha Mackenzie was appointed by the Government of India on special duty in the office of the D. G., I. M. S. His report, which is the first comprehensive survey of this subject in India, is under consideration by the Joint Committee referred to above and the Government of India.

29. **The Tuberculosis Association of India.**—During these two years this Association continued to work under adverse conditions as a result of the war. By 1944 there were a total of 121 tuberculosis clinics, 70 tuberculosis hospitals and sanatoria with a total of 4,378 beds and in addition 1,394 beds in the general and isolation hospitals and 744 beds in jail hospitals to deal with this disease. These figures fall far below any total clinic hospital bed and sanatorium accommodation which may be reasonably held to be

necessary to deal with this major public health problem. The Association made an enquiry from over 100 administrations and States which shows that in the majority something has been done by way of starting anti-tuberculosis work, *e.g.* the setting up of clinics, arrangements for special wards for tuberculosis cases or the reserving of beds in hospital for such, the installation of X-Ray plants and the building of sanatoria. Many places are, however, waiting for the end of the war before they launch any active anti-tuberculosis work. Short term post-graduate refresher courses were held at several centres during this period but the idea of running specialists courses in tuberculosis had to be held in abeyance though four doctors were actually given an intensive training lasting for six months at the Lady Linlithgow Sanatorium followed by another three months' course at the New Delhi Tuberculosis Clinic.

In 1943 one health visitor completed nine months training at the New Delhi Tuberculosis Clinic and in 1944 twelve candidates were selected for training as health visitors but five could not join at the last moment owing to accommodation difficulties. Mysore Government is taking steps to introduce a T.D.D. course such as was introduced by the Madras Government five years ago and there is a proposal to move the Delhi University to start a similar course. During the two years under review 21,161 pamphlets and leaflets and 36,440 posters and charts to the value of Rs. 9,336 were sold to the public. From the increased demand for literature on tuberculosis it would appear that the public is becoming more and more conscious of the threat which this condition represents. In 1943 a Special Tuberculosis Number of the Indian Medical Gazette was brought out and was in considerable demand both in this country and abroad. Paper shortage and other difficulties, however, made it impossible to repeat this special number in 1944.

30. **The International Health Division of the Rockefeller Foundation in India.**—In the combined Annual Report for 1941 and 1942 a review of the activities of the Rockefeller Foundation in India could not be included and accordingly references to events in those periods are made in the account below in order to link up with the review that appeared in the 1940 report. The Regional Office of the Foundation for the Far East which serves its connection in India, Ceylon and China continued to be located in Delhi, the Director was Dr. M. C. Balfour who succeeded Dr. Jacocks in 1942. Dr. J. B. Grant, C.B.E., a member of the staff continued to serve as Director of the All India Institute of Hygiene & Public Health, Calcutta, during these years, and in addition was an active member of the Health Survey & Development Committee. The five years' financial cooperative aid which the Foundation afforded to the Najafgarh Health Unit came to an end in 1942 and the similar arrangements with the Sirur and Singur Health Units were concluded in 1944. The Sirur Unit has been unable to develop efficiently owing to a shortage of staff though it serves to some extent as a training field for the provincial health workers. The Singur Health Unit has been a very important field training centre for the students of the All India Institute and also for various Indian Army, British Army and American Army Malaria & Sanitary Unit staff. In 1943 an important reorganisation was effected and was aimed at a closer supervision and participation of the Institute staff in the Singur Unit field and in the following year several field studies were initiated, as for example those concerning tubewells, open shallow wells, tanks and experiments on the new technique for direct enumeration of feacel coli in water.

Studies on malaria which have been continued in the Madras Presidency for some years by the Foundation were concluded in 1942 and Dr. Russell who has been the Foundation worker in this connection left India on return to the States. Many interesting results have been published by this work, the practical application of which awaits more favourable times. Special reference should be made to the studies on malaria control by the spray killing of adult mosquitoes at Pattukkottai and on the

intermittent irrigation of rice fields in that area. On the closing down of the Foundation's activities in South India its laboratory and equipment at the Pasteur Institute in Coonoor were, generously donated to the Malaria Institute of India which continues the Foundation's activities as a Southern Branch of the Central Institute.

Soil pollution studies were concluded towards the end of 1943 with particular reference to the spread of contamination from borehole latrines. The conclusions correspond with those arrived at in a similar study in the Punjab, *viz.*, B. Coli does not travel much beyond 10 feet from the source of pollution. A proposal to start a Public Health Engineering experiment station to serve as a field laboratory at Singur has been approved. The grants of fellowships and for travel studies which the Foundation has so generously given in the past were much restricted during this period on account of the difficulties of travel. In 1941 and 1942 no fellowships were granted but five travel grants were awarded in 1941 and three in 1942. In 1943 and 1944 three new fellowships and one foreign travel grant were made along with six grants for tours in India and Ceylon. In addition two travel grants were awarded in 1944 to personnel of the Chinese Health Services for study tours in India and Ceylon.

C. A. BOZMAN, *Lieut-Colonel, I.M.S.,*

*Public Health Commissioner with the Government of India.*

NEW DELHI:
*The 29th October, 1945.*

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# ANNUAL REPORT

OF THE

# PUBLIC HEALTH COMMISSIONER WITH THE GOVERNMENT OF INDIA

FOR 1945

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# Annual Report of the Public Health Commissioner with the Government of India for 1945

## SECTION I

### INTRODUCTION

1. From the year 1941 onwards, it became necessary to suspend publication of the full annual report of the Public Health Commissioner for various reasons chief amongst them being the acute shortage of paper and printing facilities, diversion of some of the civilian staff to war work, recall to military duty of officers in civilian departments both from the Centre and the Provinces, difficulty in obtaining in time full reports of the provincial health activities, and lastly for reasons of security. Since the termination of the war last year, these difficulties are being gradually overcome. Brief reports for the years 1941, 1942, 1943 and 1944 have already been published. A preliminary note on the health conditions in British India during 1945 was published earlier this year as a new departure to provide a brief and early review.

Through the helpful co-operation of the Directors of Public Health of the Provinces it has been possible to obtain fuller reports of the work done during 1945. This report for 1945 is modelled more or less on the lines of the reports of the immediate pre-war years. It has not been possible, however, to publish it within six months of the end of the year to which it relates, which has been our objective in the past.

The year under review saw the termination of the global war first in the European and then in the Pacific Theatre. It left the world with widely devastated areas crying for rehabilitation, and a shortage of food and fuel supplies combined with difficulties of transport and communication. Under such circumstances the return to peace-time conditions could not be but slow. Malnutrition of populations on a scale not previously encountered could be expected. The threat of widespread world epidemics was apprehended. The pandemic of influenza in 1918-19 after World War I came readily to mind. In the United Kingdom the dreaded influenza did cause some alarm during the winter of 1945 but fortunately the worst fears did not materialize. In India, special watch was maintained at ports to check immediately any importation of influenza into the country. Spotting stations were organised in the provinces and a production of influenza virus vaccine was started on a preliminary scale at the King Institute, Madras.

In India epidemics of cholera, smallpox and plague raged in a severer form than had been seen for many years past. Lack of sufficient medical personnel with the civil administration of the provinces and in some instances difficulties of supply of drugs and disinfectants hampered quicker control. In Bengal some military medical units and personnel loaned from the army continued to render invaluable help to the civilian health authorities.

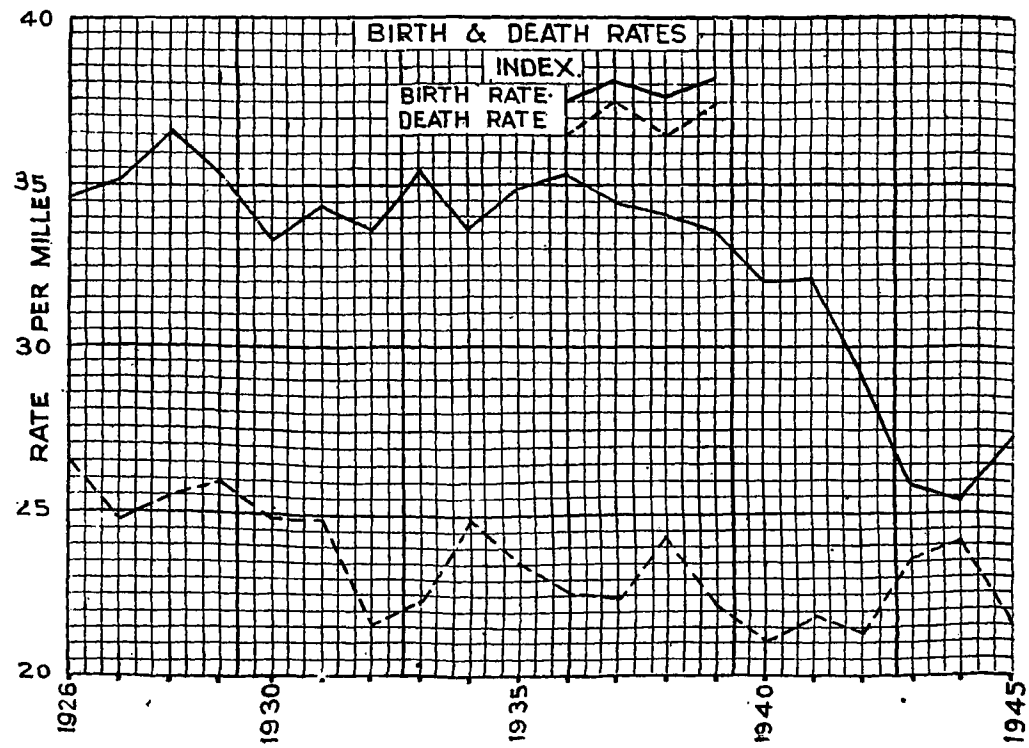
The control of epidemic diseases at fairs and large religious gatherings has improved by the insistence of some provincial authorities on pilgrims being previously protected by inoculation. This measure has materially reduced the danger of spread of epidemic by the returning pilgrims.

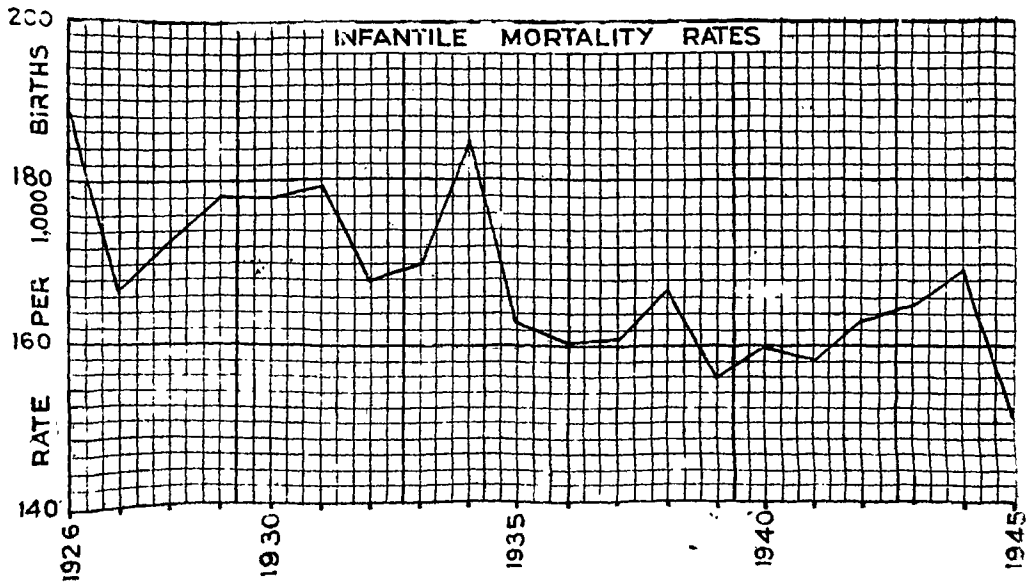
War conditions had produced unprecedented expansion of aerial traffic to India especially through North Africa and the danger of the introduction of yellow fever into India grew, since the arrangements that had been made at the outset of the war for the disinsection of infected planes before coming to India were becoming inadequate. The Government of India deputed two officers to study conditions and disinsection methods in North Africa. They reported that the disinsection arrangements for aircraft did not comply with all the conditions laid down by the Government of India. This resulted in the Government of India withdrawing recognition granted to disinsection certificates issued by any outside authority. The only disinsection certificates so far recognised had been those issued by the Egyptian and Sudan Civilian Authorities. These were, in consequence, no longer recognised with the result that any planes that had been to yellow fever infected areas were considered infected and all persons travelling in them and not holding valid yellow fever inoculation certificates had perforce to be quarantined at Karachi.

A review of the health conditions in British India during the year 1945 based on the monthly vital statistical returns received from the provinces has been made in the Preliminary Note which has been referred to in a previous paragraph. It is unnecessary to cover the same ground again. Recently, annual revised data for the whole year have been received from the provinces, though the data from some of them are still liable to slight alteration on final revision. These data generally support the remarks made on the health situation in the Preliminary Note.

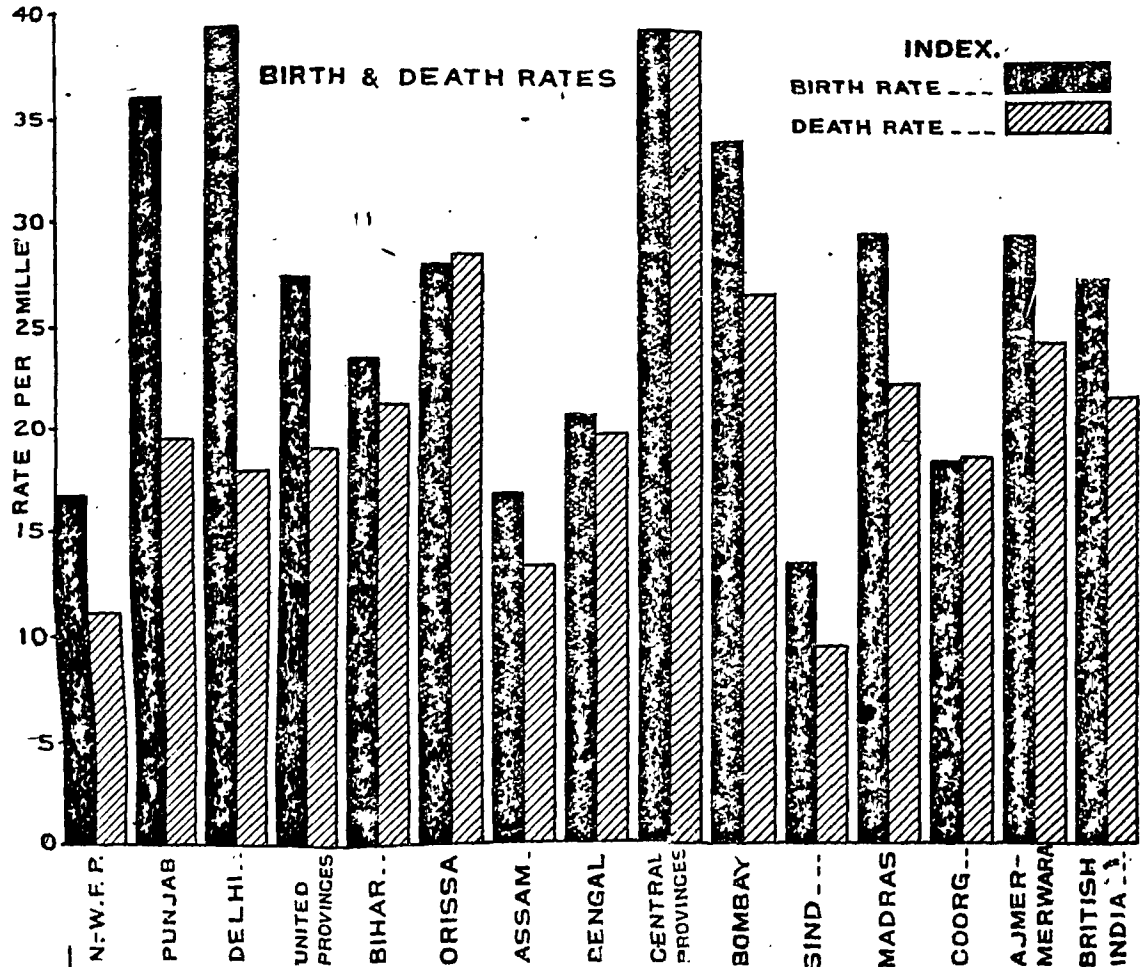
The annual data referred to above show a total of 8,374,463 births in British India during 1945. This gives a birth rate of 27.3 per mille, and indicates that the tendency towards a falling birth rate noticed in recent years may be lessening. During the quinquennium 1937-41 the maximum recorded birth rate was 34.5 per mille, and the minimum was 32.0 per mille. In the years 1942 to 1944 it fell successively from 29. 3 in 1942 to 25.9 in 1943 and 25.4 in 1944. In the year 1945 the birth rate increased by 1.9 per mille over the rate in 1944 but the birth rate in 1945 did not reach the normal level of the pre-war years. This increase in birth rate was shown by most of the provinces which had recorded a marked fall in birth rate in the previous years. The United Provinces, Bihar, Orissa, Bengal, Ajmer-Merwara, the Central Provinces and Delhi all showed a clear increase in birth rate. The rates in all these provinces with the exception of the last two were still much below the pre-war level. The highest increase was shown by Bengal from the low birth rate of 15.6 per mille in 1944 to 20.8 per mille in 1945. A decrease compared to the 1944 rate was nowhere considerable except in the case of Sind where the birth rate fell from 14.5 per mille in 1944 to 13.6 in 1945 but the Sind figures must be regarded with caution as being partly due to inefficient registration. The North-West Frontier Province and the Punjab showed a further slight decrease this year. The position in the remaining provinces, *viz.*, Bombay, Madras, Coorg and Assam did not show much variation over that in 1944. During the year 1945, the Punjab, Delhi and the Central Province continued their record of a birth rate well over 35 per mille. As has been remarked in the Preliminary Note the decrease in birth rate in British India in the recent years is a subject of considerable interest particularly in view of the last intercensus rate of increase in British India which gave rise to apprehensions of a fast increasing population.

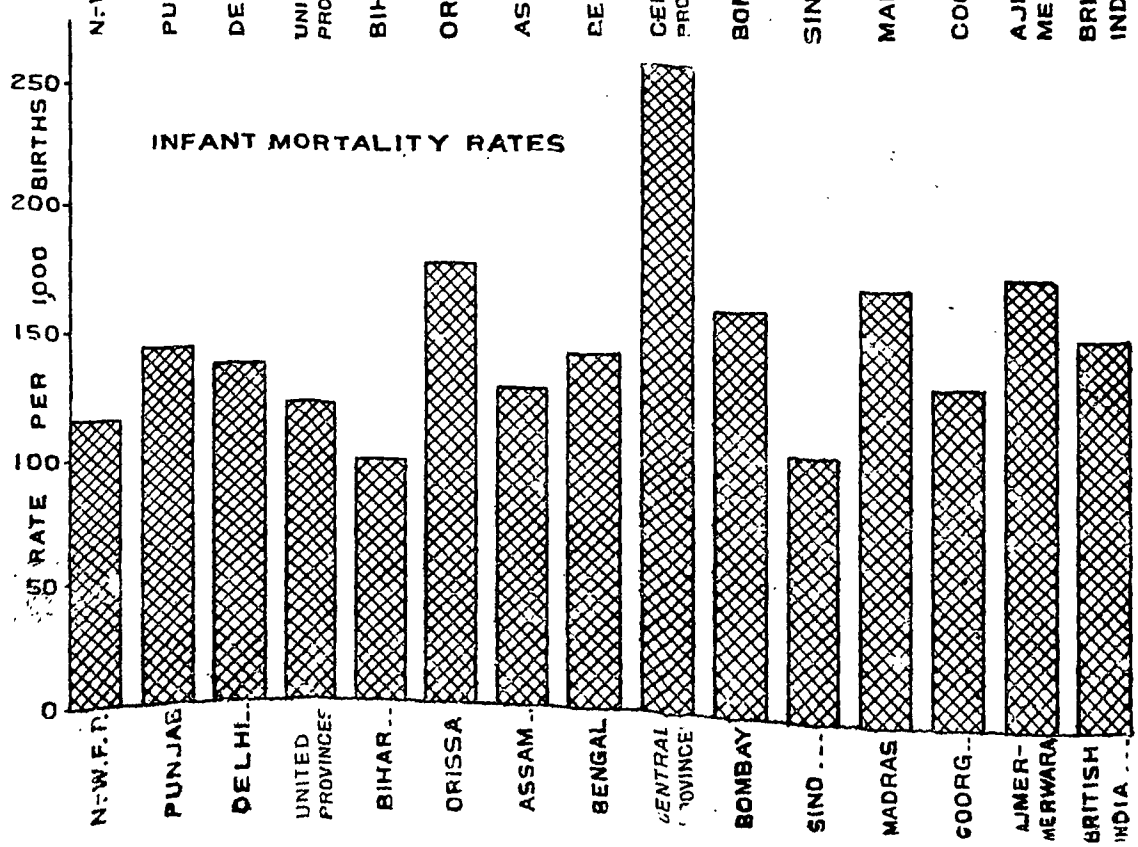
# BIRTH AND DEATH RATES PER MILLE AND INFANTILE MORTALITY RATES PER 1,000 LIVE BIRTHS IN BRITISH INDIA DURING 1926 - 1945



# BIRTH AND DEATH RATES PER MILLE AND INFANT MORTALITY RATES PER 1,000 LIVE BIRTHS IN BRITISH INDIA DURING 1945



On the other hand, the death rate for British India decreased from 24.1 per mille in 1944 to 21.5 in 1945. The total recorded deaths in 1945 were 6,608,7 6. In the quinquennium 1937-41 the maximum death rate was 24.3 per mille and the minimum was 21.1. The rates from 1 42 to 1944 were 21.3, 23.6 and 24.1 respectively. The death rate in 1945 decreased by 2.6 per mille compared with the rate in 1944. A substantial fall in death rate from the 1944 rate was shown by the North-West Frontier Province, Punjab, Delhi, Bihar, Orissa, Bengal, Sind, Madras, Coorg and Assam. Here again the largest decrease was shown by Bengal which fell from a rate of 28.1 per mille in 1944 to 19.8 in 1945. Only the Central Provinces showed an abnormal rise from 30.0 per mille in 1944 to 39.1 in 1945. The death rates in Bombay and Ajmer-Merwara showed some increase. The position in the United Provinces was very much the same as in 1944. With the exception of the Central Provinces and Orissa, the death rates in 1945 were on the same level as in the pre-war years; in fact in some provinces the rates were markedly below that level.

The infantile mortality rate showed a marked decrease. Infant deaths in British India totalled 1,264,003 in the year giving an infantile mortality rate of 150.9 per 1000 live births as against the rate of 169.3 in 1944. The rate in 1944 was the highest recorded in the last decade while the rate in 1945 was the lowest recorded in the same decade, and, in fact, is the lowest on record for British India. With the exception of the Central Provinces and Coorg, which recorded an increase, every other province showed a decrease in the infant mortality rate. In the cases of the United Provinces, Bihar and Bombay, the decrease was not so marked as in others. The rate in the Central Provinces was 256.6 per 1000 live births and was the highest recorded in the last decade. In Coorg, the rate had come down markedly low, that is for Indian conditions, in 1943 and 1944 to the figure of 122 and 121 respectively. In 1945 the rate increased to 130.9 but this figure is still much below the rates obtaining prior to 1943. The position with regard to birth rate, death rate and infantile mortality rate in the provinces of British India is illustrated in the four graphs appended to this report.

The public health activities of the provinces continued to be markedly curtailed due to war-time difficulties of obtaining personnel and material. Consequently, no large scale improvements in the public health conditions of the towns or villages could be undertaken. The teeming millions of the rural population in India still remain more or less unprovided with medical and public health amenities.

The vast needs of the immediate post-war years were looming large and both Provincial and Central Governments produced comprehensive and detailed plans for the development of widespread public health facilities as well as medical relief.

The completion of the work of the Health Survey and Development Committee under the chairmanship of Sir Joseph Bhore during the year is an event of unique importance. Such a wide survey for a country of this size is an achievement of note. For the first time an authoritative survey of the health conditions in India has been made available. Its recommendations are far-reaching. It lays stress on focussing attention on the early advancement of the vast and hitherto neglected rural areas. It envisages a State Health Service which combines the curative and the preventive aspects into one organisation. A more detailed survey of this report will be found in Section III.

## SECTION II

## HISTORY OF CHIEF DISEASES

### General

2. As will be observed from the narrative in the following paragraphs, in several provinces this year there were epidemics of a severity which has not been experienced for many years past. India continues to be the largest reservoir of the infections of smallpox, cholera and plague. The reasons for this persistence of infection are many. Chronic malnutrition and undernutrition of people has sapped their vitality. The low level of the environmental sanitation and the absence of a controlled and protected water supply for the vast rural population in India are glaring deficiencies. The prevalence of insanitary conditions both in rural and urban areas is conducive to the spread of disease. The lack of general and health education add to the difficulties of overcoming the indifference with which the people resign themselves to the insanitary conditions around them. They are also indifferent to preventive measures like vaccination and inoculation against the diseases.

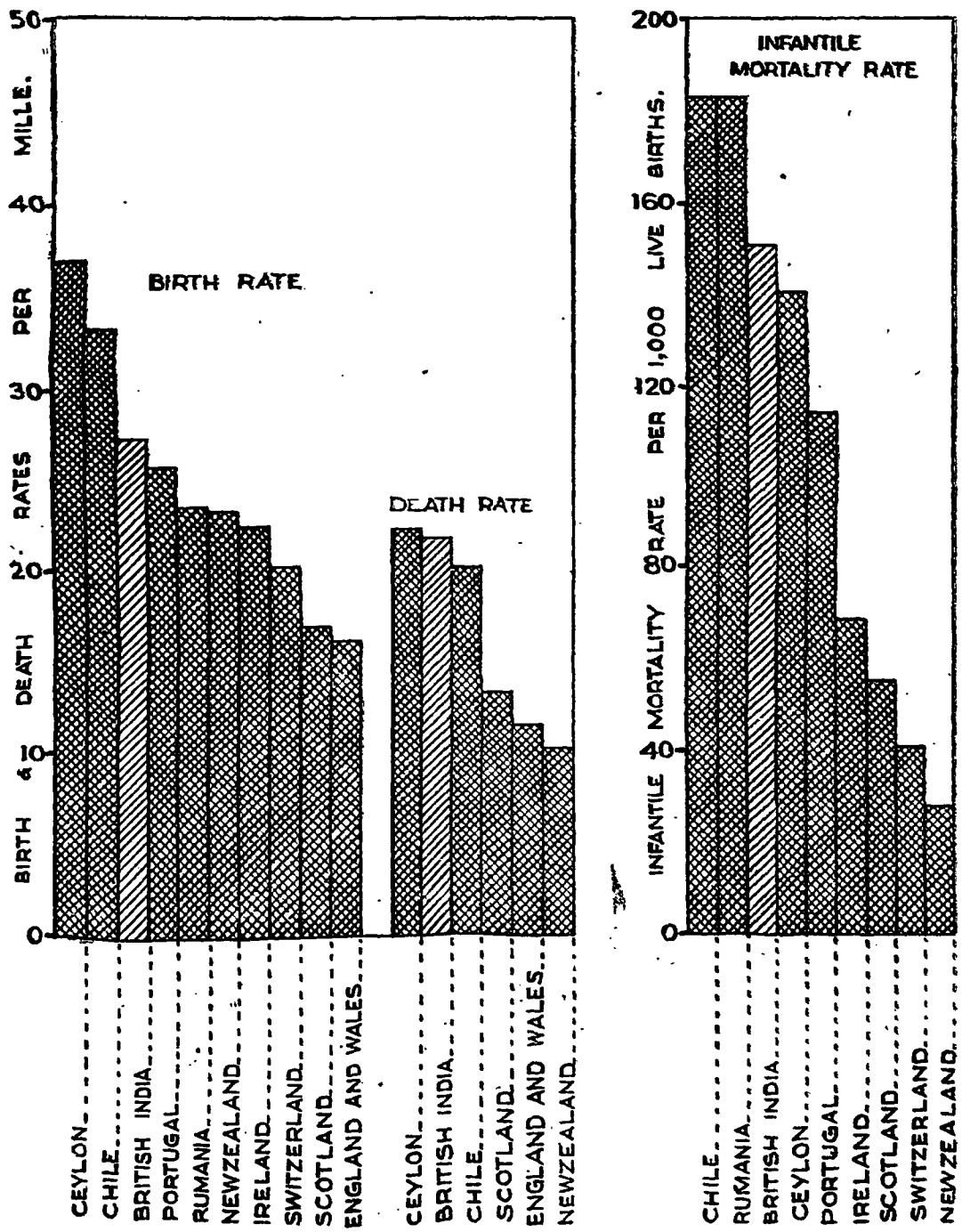
The existing health services are altogether inadequate to meet the needs of the people. The vaccination and inoculation organisation is understaffed, ill-paid and badly supervised due to lack of trained supervisory staff. There is little wonder if the results are unsatisfactory. Where mass inoculation or vaccination is the need of the hour, a few thousand inoculations are all that is possible in many areas and the results are not properly followed by inspection. To add to these the lack of communications and transport facilities in the vast rural areas make it almost impossible for the already microscopic staff to reach in time the remote interior of the districts. A multiplicity of fairs and festivals, with still very elementary sanitary and water arrangements are often responsible for the spread of epidemics into other parts of the province as well as into neighbouring provinces through the returning pilgrims.

An important advance in the control of epidemics is the increasing introduction of compulsory inoculation of persons attending pilgrim festivals. The Ardh Kumbh Mela held at Hardawar in April 1945 is a fine example of creditable achievement in this direction. For the first time in the history of this big fair there was no outbreak of cholera either during the fair or after its dispersal. The neighbouring provinces and the railway authorities gave the fullest co-operation in enforcing compulsory inoculation.

Developments on the prophylactic and curative side promise to strengthen the hands of the health administrator. The needs of the war led to an intensive research into the ways and means of controlling diseases. An effective insecticide D. D. T. with persistent qualities has been discovered whose value in the control of malaria particularly has been fully demonstrated. The synthetic drugs Mepacrine and Paludrine have markedly advanced the treatment of malaria. The family of Sulpha Drugs has revolutionised the treatment of a number of diseases, like cholera and dysentery. Although these advances hold out bright prospects, the community at large will still have to concentrate more on preventive measures if India's mortality and morbidity figures are to be brought down to those of a reasonably healthy country.

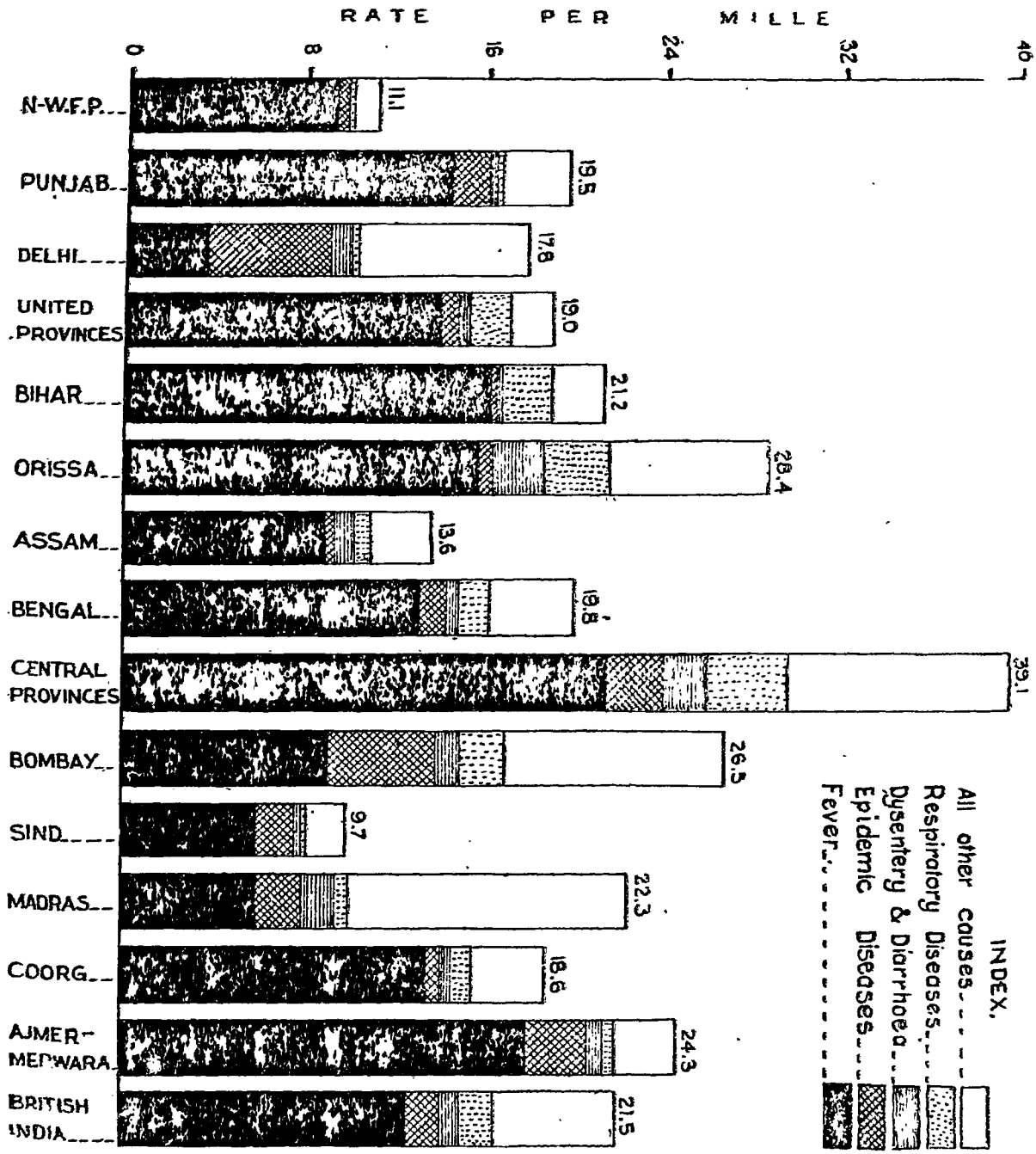
Below is given an account of the chief diseases in 1945.

# BIRTH, DEATH AND INFANTILE MORTALITY RATES IN BRITISH INDIA AND SOME FOREIGN COUNTRIES IN 1945




*NOTE:- Countries for which figures were available have been shown above*

# DEATH RATE PER MILLE BY CAUSES IN BRITISH INDIA IN 1945



## Cholera

3. The disease prevailed in epidemic form in the United Provinces, Bihar, Bombay and the Central Provinces the incidence in the Central Provinces being particularly severe. Orissa also was affected abnormally in 1945. The incidence in the remaining provinces, was within normal. It will be recalled that the United Provinces Bihar and Orissa suffered from a severe outbreak of cholera in 1944 also. In the remaining provinces the mortality from cholera was less than in the previous year. In British India considered as a whole there was some decline in the total mortality from cholera this year when compared to 1944.

A long term handling of the cholera problem in India requires the provision of protected water supplies and an efficient conservancy system for the large rural population in the country. The progress made in these two directions is reviewed in the section on rural health. It will be observed from there that not much progress was recorded during the year for reasons similar to those prevailing in 1944. High prices, non-availability of building material and the difficulty of finding finances persisted. Brief notes on the cholera situation in the various provinces in 1945 are given in the following paragraphs.

*North-West Frontier Province*—Cholera spread to Dera Ismail Khan from the adjoining area of South-Waziristan Agency in August but prompt control measures enabled the district to be declared free of the disease by the middle of October. The incidence this year was well below normal. Anticholera inoculations totalled 60,759.

*Punjab.*—The Ardh Kumbh Mela at Hardwar in the United Provinces in the past has often been followed by a heavy incidence of cholera in the Punjab but it is gratifying to note that this time no case of cholera was reported in the Punjab during April, the month in which the fair was held. The Punjab Government collaborated with the United Provinces Government in carrying out measures for the prevention of an outbreak. The most important of these measures included the promulgation of the Epidemic Diseases Act throughout the province from 1st March to 31st May, the compulsory inoculation of intending pilgrims and the formation of inspection posts at control points.

The disease prevailed in the province during the months May to October. There were localised outbreaks in the various parts of the province. During the year 1,285 deaths were recorded as against 2,317 deaths in the previous year but the incidence during 1945 was still a little above the normal experience. The highest infection was shown by the districts of Gurgaon and Amritsar. The districts of Karnal, Ambala, Lahore and Sialkot also showed considerable infection. Anticholera inoculations totalled 747,146.

*Delhi.*—Cholera broke out early in April and lingered on till September but the incidence was mild. 186,751 cholera inoculations were given.

*United Provinces*—As already stated an event deserving special notice is the absence of cholera at the Ardh Kumbh Mela area or in any adjoining area after its dispersal, which is a unique record in the history of this famous gathering. This time, in addition to tightening up the usual measures of sanitation such as the protection of food supply, extension of piped water supply and drainage, the Provincial Government under the Defence of India Rules prohibited the entry into Hardwar or within 10 miles of it of persons not carrying a certificate of anticholera inoculation performed within the previous six months. For the enforcement of these orders magistrates

and members of Police and Health Staff on duty were empowered under the Epidemic Diseases Act to demand the production of the inoculation certificate. Barriers for checking were set up at the exits from railway stations and the road approaches to Hardwar. Facilities for free inoculation were provided liberally. The Special Armed Constabulary manned the barriers and earned high praise for their smartness and courtesy. Instructions were issued by the Railway Board to all railways to insist on a certificate of inoculation before issuing tickets to intending pilgrims.

Although the fair passed off without any outbreak of the disease, a severe epidemic occurred in Central and Southern Districts in May and June. The recorded deaths in the months of June exceeded 20,000, a figure not reached since 1937. The Districts of Allahabad. Banda, Basti, Fyzabad, Gorakhpur, Rae Bareilly and Sultanpur were the worst affected. This epidemic was followed later by a wave in Western United Provinces and a milder epidemic in the eastern parts. The districts heavily affected were Hardoi, Jhansi, Hamirpur and Jalaun. In Jhansi, the incidence was abnormally severe and, for two weeks, nearly a thousand deaths per week were recorded. Other districts that were hard hit in this second wave were Meerut, Agra, Moradabad, Kheri, and Sitapur. The mortality from cholera was the highest recorded in the province since 1926. The total reported deaths in 1945 were 77,345 as against 40,291 in 1944. Worthy of note was the popularity of a field hospital put up by the military authorities in Jhansi District in the heart of an infected area many miles from the district headquarters. It provided an ambulance unit with 8 ambulances for the transfer of cases from far off villages and people came to it of their own accord. Within a period of 13 days 200 patients were admitted.

Anticholera inoculations including those performed in the Ardh Kumbh Mela totalled 3,373,644 the highest figure yet reached in the province.

*Bihar.*—There was a severe epidemic this year, 66,833 deaths from cholera being recorded as against 149,930 in the previous year, which it will be remembered was an extraordinarily bad year in so far as cholera is concerned. Leaving out 1944, the mortality in 1945 was the highest recorded since 1930, when including the figure for Orissa, at that time amalgamated with Bihar, 155,215 deaths were recorded.

The incidence of the disease in the first four months was above normal level though not very alarming. In May, however, the incidence rapidly increased and the rising course of the disease in the following month seemed to indicate a repetition of the severe epidemic conditions of 1944. However, the epidemic was soon brought under control by adopting effective anti-cholera measures. The District Boards were pressed to appoint at least a skeleton health staff of one Assistant Health Officer for each sub-division and one Health Inspector with a suitable number of disinfectors for each thana A large number of epidemic Medical Officers and health assistants were deputed by the Director of Public Health to assist the local staff. Arrangements were made for compulsory inoculation and daily disinfection of wells. Large quantities of bleaching powder and anticholera drugs were secured by the district boards. The Epidemic Diseases Act was enforced in the districts of Gaya and parts of Monghyr. Compulsory anti-cholera inoculation was promulgated in the several fairs held in the province during the year.

Every district excepting Ranchi and Singhbhum was badly affected. In Chotanagpur circle, the district of Palamau was very heavily infected. In the North Bihar Circle which was very severely attacked in 1944, the incidence was comparatively milder. In South Bihar Circle, the incidence was much heavier. In the three districts of Gaya, Shahabad and Monghyr, a total of 14,395 cases and 8,117 deaths were recorded as against 11,610 cases and 7,431 deaths in 1944. During the year, anti-cholera inoculations totalled 5,918,279.

*Orissa.*—The incidence declined this year, a total of 10,587 deaths from cholera having been recorded as against 18,246 in the preceding year. The incidence in 1945 was still above the normal. The coastal districts were more heavily infected. In the districts of Cuttack, Puri, and Balasore, the infection continued from the previous year and prevailed in a more or less epidemic form throughout the year. In these districts and the districts of Ganjam and Sambalpur, the incidence became heavy during the monsoon months, June to September.

The epidemic control work was pursued actively and all available staff, such as Special Health Inspectors, Publicity Assistant, Nutrition Health Inspectors, Leprosy staff and Medical Officers and Compounders of hospitals and dispensaries, who could be spared, were deputed to supplement the activities of the local staff in the affected areas. Sulphaguanidine tablets were supplied free by the Public Health Department to the local bodies. In order to provide against any outbreak of cholera epidemic the Government sanctioned the purchase of 25 tons of bleaching powder and 2 lakh tablets of sulphaguanidine which were obtained and stocked. Under the Epidemic Diseases Act, anticholera inoculations were made compulsory at Puri during the Car Festival. A campaign of mass inoculation was launched in selected endemic areas of the coastal districts to control the outbreak of cholera after this festival. Cholera inoculations in the province in 1945 totalled 805,649.

*Bengal.*—The province was only mildly affected by the disease. About 32,550 deaths from cholera were recorded as against 49,469 in 1944. The mortality from cholera was a little above normal during the period April to June. In the month of March there was an outbreak of cholera in epidemic form in the city of Calcutta but fortunately this was comparatively short lived and by July normal figures were reached. The districts comparatively heavily affected were Howrah, Bakarganj, Pabna, Rajshahi, Dacca, Mymensingh, Faridpur and Tippera.

Eightynine posts of Civil Sub-Divisional Health Officers were created on a temporary basis when 40 General Duty Officers and 2 Hygiene Specialists loaned to Bengal Government for famine relief were recalled by the Military in August 1945. Of 89 posts only 33 could be filled during the year. Throughout the year 200 Sanitary Units continued to supplement the work of the permanent staff of thana health circles in controlling epidemics of cholera and small-pox. The special organisation set up in 1942 to control epidemics in the Contai and Tamluk Sub-Divisions in Midnapore continued to function throughout the year, but this organisation after October this year was curtailed to 24 Doctors, 20 health assistants, one sanitary inspector and 25 medicine carriers and was placed under one Assistant Director of Public Health instead of two as previously. During the year about 7½ million anti-cholera inoculations were performed.

*Assam.*—There was no large scale outbreak of cholera in the province, 3,030 deaths being recorded during the year as against 4,107 in 1944, Sylhet

which is an endemic focus recorded 2,006 deaths this year. The total number of anti-cholera inoculations performed was 291,857 as againt 207,356 during 1944.

*Central Provinces*—Since 1937 the province has had 5 severe epidemics of varyinrg duration but that of 1945 exceeded them all in intensity, 53,377 deaths being ecorded as against 9,374 in 1944. This figure of 53,377 is the highest recorded since 1921, in which year there were 58,331 deaths. The incidence stated rising rapidly from the month of March and by June every district was affected. The peak of the epidemic was reached in August in wihch month 24,052 deaths were recorded. The epidemic continued to be severe until late October, when it started declining. It had disappeared by December. The incidence was severe in all the districts with the exception of Mandla, Raipur, Drug and Balaghat. The worst affected districts were Amraoti, Yeotmal and Nimar.

The resources of the province did not prove equal to the magnitude of the calamity. All available doctors and compounders as well as medical students were enlisted for inoculation work but in a large number of villages it was impossible for assistance to reach in time. Generally speaking, inoculation work could only follow the epidemic. People were averse to accepting inoculation in the absence of the disease. Door to door inoculation service also was started to pursuade people to get inoculated. Some difficulty was experienced in obtaining medical supplies in time. Certain districts ran short of essential disinfecting materials which in some cases was due to delay in placing orders by local authorities, delay in transport and difficulties of war-time controls. In most cases the local authorities are now said to have entrusted the responsibility of maintaining adequate stores for such emergencies to the civil surgeons.

The province lacks the facilities for isolation of cases. There are no ambulance services in any of the districts and no infectious disease annexes to Civil and District Hospitals. The temporary cholera hospitals which are established by the District Boards were highly unsatisfactory. Recommendations for improving these conditions have been made to the Government. In all 2,570,981 inoculations were performed during the year.

*Bombay.*—The disease prevailed in severe epidemic form claiming 24,691 deaths as against 1,639 in 1944. The figure this year was the highest recorded after 1927 in which year there was a total of 26,153 deaths from cholera, the last figure included the deaths in Sind, since separated from Bombay. The general incidence started rising from March and reached its climax during July and August. In Ahmednagar and Nasik the heavy infection of 1944 was continued in the early part of 1945 reaching its climax in March and April. The epidemic subsided in September. High incidence was recorded in East Khandesh, Sholapur West Khandesh, Ahmednagar, Nasik, Satara and Poona. Fifteen special medical officers, 56 inoculators, 7 S. M. S. officers and all subsidised medical practitioners in the affected areas were placed on full time anticholera duty. A special post of Assistant Director of Public Health (Epidemics) for higly infected areas alone was created from June 1945. In East Khandesh squads under vaccinators were appointed for regular disinfection of water supplies. The usual precautions for the control of cholera were taken at the Pandharpur Fair. The total number of anti-cholera inoculations performed were 1,944,580.

*Sind.*—The incidence of the disease was light in the province. Only Sukkur District was considerably affected. Besides the usual preventive measures, special temporary regulations were promulgated. Compulsory anti-cholera inoculation was tried with success for the second year in succession at the Lal Shahbaz Fair. Anti-cholera inoculations performed totalled 111,890.

*Madras.*—The incidence this year was light with 8,494 deaths when compared to the record since 1942. Since 1936, only in the years 1939 and 1940 were the recorded deaths lower than this figure. An outbreak at the Srisailam festival in Kurnool District was responsible for the wide dissemination of the disease. The disease prevailed in an epidemic form in the Ceded Districts and the districts of Nellore, Guntur, Kistna, and West Godavri The infection subsided by the third quarter except in Nellore where it continued to the last quarter. The usual anti-cholera measures were adopted. 1,999,377 anti-cholera inoculations were performed.

*Coorg* was free from the disease during the year.

*Ajmer-Merwara.*—There was a mild incidence of the disease in the area. The infection is believed to have originated from the Urs Fair. Prompt control action was taken and the spread of the disease was checked. 26 deaths in all were recorded during the year, and 59,438 anticholera inoculations were performed.

*Baluchistan.*—Towards the end of September there was a localised outbreak at Loralai resulting in 19 deaths. Mild infection prevailed at Usta Mohd. in Nasirabad Sub-division.

Extensive anti-cholera inoculations were carried out in the affected areas.

## Plague.

4. Of recent years the incidence of plague in British India has been steadily declining. None of the provinces had any abnormal incidence in 1945 except Bombay where a severe epidemic prevailed in the latter half of the year. The higher mortality in 1945 compared to that in 1944 is more than covered by the increased mortality in Bombay this year. Intensive efforts and a systematic antirat campaign in pockets where plague still continues can avoid this preventible waste of human lives. Cyanogas fumigation is as yet the most widely applied antiplague measure in India but the possibilities of D. D. T. in this direction are being investigated.

The incidence of plague in the provinces and the preventive measures taken against the disease are briefly reviewed below.

*United Provinces.*—The incidence of the disease this year remained slightly above the normal, 14,024 deaths being recorded as against 15,454 in the previous year. The districts more heavily affected were Benares, Fyzabad, Gorakhpur, Saharanpur, Bijnor, Basti, Jaunpur, and Muzaffarnagar. Antiplague inoculations totalled 585,584. A large scale antirat campaign was carried out in all the areas where the disease is endemic. The Provincial Government met the entire cost of the operations in rural areas and a certain portion of the cost in towns. In some districts Naib Tehsildars were placed on special plague duty to help antiplague operations in villages.

For the first time a plague hospital was organised in an infected rural area in Benares District. The popularity of this hospital and that of another field hospital for cholera set up by military authorities, already noticed under the section on cholera, indicate that hospitalisation of infectious cases in rural areas has great potentiality.

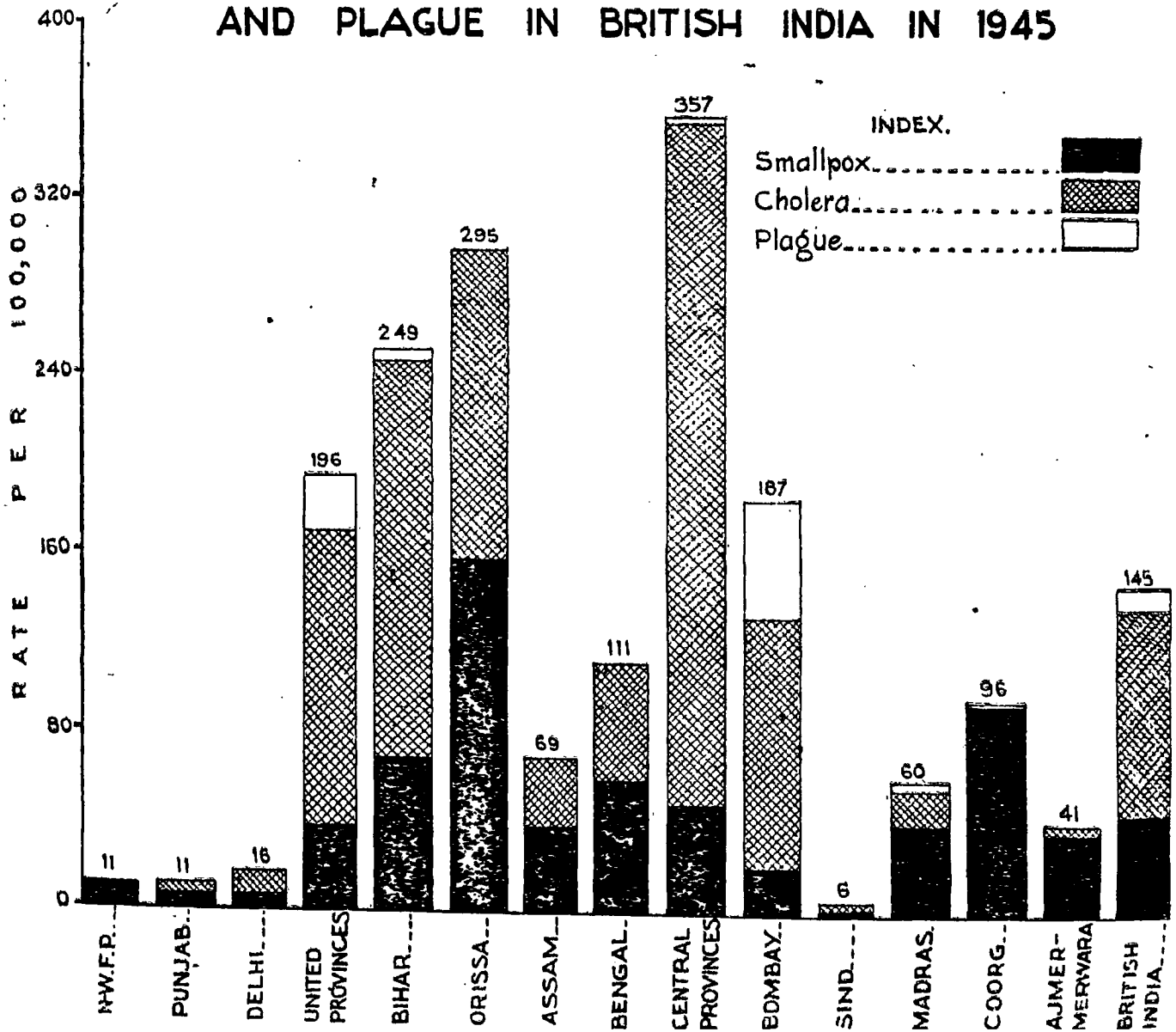
*Bihar.*—The incidence of the disease this year rose above the normal level, 1,523 deaths being recorded as against 834 in the previous year. In the first part of the year the incidence was mainly confined to Saran though infection appeared in the districts of Monghyr and Shahbad as well. In the case of the latter district it is said that the infection was imported from the adjoining districts of United Provinces. Towards the close of the year, considerable infection prevailed in Monghyr and Darbhanga. Antiplague measures included inoculation, application of cyanogas, use of Barium Carbonate and evacuation of infected houses. Patients were treated with thiazamide (sulphathiazol). The Epidemic Diseases Act was enforced. A scheme for cyanogas operations was sanctioned by the Government which met the greater part of the expenditure in this connection. Doctors and Health Assistants were deputed by the Director of Public Health to assist the local staff, and 235,115 antiplague inoculations were given.

*Central Provinces.*—The disease prevailed in the province in a mild form with 575 deaths as against 910 in 1944. The areas principally affected were the wheat tracts in the north, specially Chhindwara, Saugor and Jubbulpore. Hoshangabad showed heavy infection during the first quarter of the year. Valuable assistance was rendered by the Army Hygiene Units which sprayed affected houses in Chhindwara with D. D. T. This insecticide had till then not been released for civil purposes. Although vaccine was available for mass inoculations, only a small number of persons could be persuaded to avail themselves of it. Many grain stores including Government stores are not rat-protected nor is the routine destruction of rats carried out on an adequate scale in urban centres. Antiplague inoculations totalled 38,247.

*Bombay.*—The disease prevailed in severe form in several districts resulting in 11,779 deaths compared with 2,514 deaths in 1944. The deaths recorded in 1945 were the highest since 1934 when the total deaths were 13,307. The infection that prevailed in the last quarter of 1944 was carried over in the first quarter of this year. In the second quarter the disease followed its usual seasonal decline. The disease flared up in August reaching its peak in September. It declined very considerably towards the close of the year. The districts more heavily affected in the first wave of the epidemic were Sholapur, Poona, Belgaum and Satara. All these districts suffered heavily again in the second wave when Ahmednagar, Nasik and Kolaba also were heavily attacked. Special staff was appointed in all the affected districts to carry out antiplague measures. Mobile Units were formed in 6 of the affected districts for speedy transport of medical staff and equipment from village to village in the affected areas. Antiplague inoculations were 662,330.

*Madras.*—The incidence of plague in the province was about the normal level with 1,644 deaths as against 1,738 in the previous year. Coimbatore this year again recorded the highest mortality from plague with 994 deaths. The incidence showed a rapid rise towards the close of the year in Salem, the Nilgiris and Chittoor. Two small outbreaks of pneumonic plague

# DEATH RATE PER 100,000 FROM SMALLPOX, CHOLERA, AND PLAGUE IN BRITISH INDIA IN 1945



occurred in Hosur Taluk in Salem district with 19 attacks and 18 deaths.

A total of 615,228 antiplague inoculations were performed Cyanogas fumigation was the chief antiplague measure and was found to be very effective.

*Punjab.*—The districts of Karnal and Ambala affected in 1944 continued to harbour the disease during 1945. Through intensive antiplague work it has been possible to localise the disease to those two districts. Necessary powers for controlling the movement of persons belonging to infected villages were conferred on the Administrative Officers under the Epidemic Diseases Act and sec. 144 of Criminal Procedure Code. Antiplague inoculations totalled 195,176.

*Coorg.*—A few cases of plague were reported and 4,000 antiplague inoculations were performed. Cyanogas fumigation was found very effective specially in North Coorg where every year there used to be rat-falls and human attacks.

**Smallpox.**

5. A number of provinces showed heavy incidence of smallpox this year. Severe epidemic occurred in United Provinces, Bihar, Bengal, Madras, Orissa and Central Provinces. The mortality in each case excepting that in Bengal was the highest recorded for many years past. In the case of Bengal too, only the grave epidemic in 1944 during and following famine conditions formed the exception. The incidence in 1945 in the remaining British Indian Provinces was within normal limits. Compared to 1944, the mortality from smallpox was heavier in 1945 in United Provinces, Bihar, Orissa, Central Provinces, Madras and Coorg. In Bengal, the mortality was high specially in the first half of the year.

An analysis of the relevant statistics of the provinces brings out the fact that a large proportion of deaths from smallpox are among children below 10 years. This clearly indicates that there is a large population of children below the age of ten which is not protected by primary vaccination. Any attempt to check the incidence of smallpox should take full note of this fact.

A brief review of the incidence of smallpox in the provinces and the preventive activities against the disease is given below.

*North-West Frontier Province.*—Smallpox broke out in a mild form in the districts of Kohat and Bannu as well as in the North Waziristan Agency. It was brought under control quickly by carrying out mass vaccinations. In the North Waziristan Agency there was only one vaccinator but in controlling the disease this year he was helped by doctors and compounders. The population in rural areas where vaccination is not compulsory do not willingly submit to vaccination unless the disease be present in their areas. The question of making vaccination compulsory in rural areas is under the consideration of the Government.

*Punjab.*—The incidence of the disease was about normal and was much on the same level as in 1944. Lahore, Multan, Hissar, Montgomery, Sialkot, Gujranwala, Jullundur and Ambala were comparatively more heavily infected. The number of vaccinations performed this year showed an increase over the record in the previous year. The Director of Public Health of the province, however, states that the vaccination staff is inadequate and that the difficulty of communications makes it difficult for the staff to reach

the more distant and inaccessible parts, which are at the same time subject to higher incidence of smallpox. An analysis of figures over a number of years shows that nearly 25% of smallpox mortality occurs among infants below 1 year and 50% among children between 1 and 10 years. A drive for early vaccination among children should reduce smallpox mortality considerably. The scheme of training female teachers in rural areas in vaccination work was extended this year to urban areas.

*Delhi.*—The incidence this year was mild, 62 deaths being recorded as against 533 in 1944. Of the total deaths 46 deaths occurred in Delhi city.

*United Provinces.*—The incidence of the disease was very severe, deaths totalling 22,128 as against 10,066 in the preceding year. The mortality was the highest since 1935, in which year 26,032 deaths in the province were recorded. The infection was severe from the beginning of the year and reached the maximum in April and May. The infection was widespread throughout the province. The districts of Aligarh, Bareilly, Gorakhpur and Jaunpur were particularly affected.

*Bihar.*—There was a severe epidemic of smallpox this year with 25,539 deaths, as against 10,992 in the previous year. The incidence rose rapidly from March onwards and was particularly severe in the second quarter of the year. The incidence was widespread and every district with the exception of Singhbhum and Patna was heavily attacked. South Bihar circle was comparatively mildly affected. The districts worst affected were Bhagalpur, Champaran, Purnea and Manbhum. A large number of paid vaccinators were employed.

*Orissa.*—In 1945, this province suffered from a very severe outbreak of smallpox, 12,018 deaths being recorded as against 8,124 in the previous year. This high mortality in 1945 exceeded the record of any other year since the province was constituted in 1936. Out of a total of 21,422 villages, 3521 were infected. As usual, the epidemic was severe during the first half of the year and gradually declined with the onset of the monsoon. The districts of Cuttack, Balasore, Puri and Sambalpur were heavily attacked. Vaccine lymph up to 1,188,567 doses was purchased from the Bihar Vaccine Institute and issued free of charge to local authorities. Vaccine lymph left over more than 4 days after being received was destroyed. The Government appointed paid vaccinators and deputed them to the districts. This year 17.8 % of the smallpox mortality occurred among children below 10 years of age.

*Bengal.*—The epidemic continued to be very severe though not as bad as that in 1944. The exact figure of mortality from smallpox is not yet available but it seems quite definite that the mortality this year was the highest recorded since 1928 leaving out the abnormal year 1944. The very heavy infection which prevailed in the later part of 1944 was superimposed, as it were, on the usual seasonal rise. The incidence reached its peak in March after which it started declining. By the month of October the incidence had come down to near the normal level. The disease affected a large section of the province severely. Howrah and 24-Parganas had a severe epidemic from the beginning of the year. The other districts which suffered particularly badly were Burdwan, Bankura, Midnapur, Rajshahi, Faridpur and Bakarganj. The city of Calcutta was badly affected but the situation was speedily brought under control through mass vaccinations initiated by the Director of Public Health.

On the recommendation of the Public Health Department, permanent vaccinators were employed by the District Boards in each thana and two fifths of the cost was met by the Government from provincial revenues. Temporary vaccinators at Government expense were employed for varying periods to meet emergent situations in rural and urban areas. During the year, roughly 20½ million vaccinations were performed, and 1,383,041 grams of vaccine lymph and 5,597 vaccinating lancets were supplied by the Director of Public Health to the local bodies.

*Assam.*—The incidence of smallpox continued to be heavy specially in the first half of the year, although its intensity was low compared to that in 1944. In all 3,838 deaths were recorded as against 11,723 in the previous year. The worst affected districts were Sylhet, Kamrup, Sibsagar and Lakhimpur.

*Central Provinces.*—The province experienced a severe epidemic of smallpox this year with 8,441 deaths as against 3,877 in the previous year, which itself was a year of heavy smallpox incidence. The mortality from smallpox in 1945 was the highest recorded in the province since 1908 when the number of deaths was 9,044. The incidence was abnormally high in the first half of 1945. Later with the seasonal decline, the intensity came down considerably but it was still abnormal. All the districts except Nagpur and Nimar were heavily infected. Chanda and Jubbulpore were particularly badly affected.

Of the total deaths, 15 % were among infants below 1 year of age and 41 % between ages one to 10 years. A very high proportion of the mortality is therefore due to the absence of primary vaccination. In the autumn of 1945, a special 'Vaccination Drive' was organised primarily to stimulate public and professional interest. The Director of Public Health states that this 'drive' did not prove a full success due to the absence of a proper outlook towards vaccination on the part of the public and the medical profession. To combat this state of affairs, an important piece of legislation was enacted during the year. This empowered the District Magistrate in any area notified under the Act "to direct the public generally or any class of person unprotected against smallpox to get vaccinated or revaccinated compulsorily". The C. P. Vaccine Institute continued to meet the increased demand due to the Vaccination Drive inspite of the exceptional difficulties encountered in the purchase and disposal of calves.

*Bombay.*—The incidence of the disease was within normal limits, 4,699 deaths being recorded as against 7,212 in 1944. The incidence was heaviest during the months March to May. The districts worst affected were East Khandesh and Ahmednagar. Permanent vaccinators were assisted by extra vaccinators wherever necessary. Propaganda to popularise vaccination was carried out by means of magic lantern, lectures, posters etc. in the affected and threatened areas.

*Sind.*—The disease prevailed in all the districts in a mild form, 121 deaths being recorded as against 695 during the preceding year. The question of making vaccination compulsory in the two newly created municipalities of Tando Jam and Matli was under active consideration. The number of vaccination circles in rural areas increased from 17 to 23 during the year. Efforts were continued to introduce compulsory vaccination in rural areas. Posts of woman vaccinators were created in 4 towns but only one candidate could be appointed; others were not available. The creation of a leave reserve of 10 per cent. of the strength of the permanent vaccination staff was sanctioned by the Government.

*Madras.*—The disease prevailed in a severe epidemic form in the province with 20,636 deaths as against 19,776 in 1944. The mortality in 1945 was the highest recorded in the province since 1923 when the number of deaths was 24,434. The heavy infection continued throughout the year. The peak of the infection in almost all the districts was reached in March or April. The epidemic was widespread. All districts in the province except Nilgiris and Bellary were severely affected. The municipalities of Madras, Madura, Kumbakonam, Vizagapatam and Mangalore reported the largest number of deaths. Temporary vaccinators were appointed and vaccination was conducted on a large scale. The vaccination campaign was carried on throughout the year, 1,579,394 primary and 10,391,876 revaccinations being performed. These figures are the highest recorded since 1936. The increase under revaccinations was particularly remarkable. Proposals for reorganising vaccination work in the province are now before the Government.

*Coorg.*—There was considerable infection in the first half of the year. During the year 159 deaths from smallpox were recorded as against 84 in the preceding year. Vigorous mass vaccination enabled the disease to be brought under control. The Education Department continued to extend its co-operation in the vaccination of the school children. An Act to make primary vaccination compulsory in rural areas has been referred to a Select Committee by the Legislative Council.

*Ajmer-Merwara.*—The incidence of the disease was mild, with 230 deaths as against 344 in the previous year. Vaccinations totalled 22,180 as against 46,389 in 1944. The number of vaccinations performed in the rural areas was much the same in the two years but those performed in the urban areas showed a reduction in 1945. The number of persons successfully vaccinated per mille of population was 42 as against 129 in 1944. Again, the number of vaccinations per vaccinator in urban areas was only 1,206 as against 4,763 in 1944. The average cost per successful vaccination in 1945 was 110 pies as compared to 53 pies in 1944.

*Baluchistan.*—106 cases of smallpox occurred in Quetta City during the last two months of the year. Mass vaccination was introduced and the disease was soon brought under control. Sporadic cases were reported from other parts of the area.

**Malaria.**

6. It seems hardly necessary to repeat what has already been said in the previous reports about the huge direct and indirect waste of vitality and loss of life caused by malaria in India. Malaria is primarily a rural problem and its control in these areas has hardly been touched. The discovery of synthetic quinine substitutes and D.D.T., however, promise to alter the situation. With a determined drive against the disease it should now be easier to fight it.

The world supply of quinine, as in 1944, continued to be inadequate this year, since Java, the principal source of supply was still in enemy hands. In India a large extension of the areas under cinchona cultivation was undertaken. The Government of Madras worked to an objective of 1,000 acres and the Government of Bengal to 400 acres. These areas were close planted with a view to obtaining an early crop. This scheme of production on a short term basis was undertaken at the instance of the Government of India, which financed it. The Government of India continued to control the distribution of quinine in India. Bengal produced

69,893 lbs. and Madras 23,684 lbs. of quinine salts as against 76,992 lbs and 30,621 lbs. respectively during the previous year. From Ceylon 379 lbs. of quinine tablets were purchased while 2,440 lbs. quinine and 1,143 lbs. of cinchona febrifuge were processed from the old reserves of the bark. The amount of quinine distribution fell by about 50,000 lbs. during the year, but the shortage in the supply of the drug was met largely by mepacrine and quinacrine obtained from Britain and the U. S. A.

Although there is some prejudice in favour of the use of quinine, mepacrine is now becoming quite popular. The Government of India in 1944 reviewed the experience gained in the use of mepacrine in the various countries and came to the conclusion that it could be safely distributed for mass treatment on as wide a scale and through the same medical and non-medical agencies as in the case of quinine. It also advised a safe dosage of mepacrine hydrochloride for general use. Paludrine, another synthetic drug, bids fair to rank high amongst the antimalarials. It has not yet been released for civil consumption. The Malaria Institute of India is carrying out experimental studies on its use. It is not unlikely that synthetic drugs may, to a very large extent, replace quinine as the routine treatment for malaria.

There was a great shortage of the supply of pyrethrum during the year. Towards the last quarter, the position was slightly improved by the release of D.D.T. for civil consumption in India. The results with D.D.T. even where it was used in a limited way have been highly satisfactory. However, the question of cost deserves serious consideration. Till it can be made cheap enough it may not be possible to use it freely and extensively in anti-larval and anti-mosquito operations. At present it appears that watery emulsion may prove as effective as oily solutions and this should reduce the cost. From its special qualities as a long-lasting insecticide, it is particularly suited for internal house-spraying. If this practice could be adopted as a habit of life, it could itself effectively control malaria among people who live in unscreened homes as they usually do in India.

The incidence of malaria in British India does not appear to have been unusually severe this year. A brief account of the incidence of the disease in the various provinces and the measures adopted to combat is given in the following paragraphs.

*North-West Frontier Province.*—As rainfall was not very heavy, the incidence of malaria was low this year as compared to 1944. Vigorous antimalaria measures were carried out in all municipalities and cantonments in co-operation with the military authorities. Around Peshawar City wall one compounder with 10 coolies worked on antimalaria measures throughout the malaria season. Two special compounders carried out antimalaria duty in Hangu village. The District Civil Surgeons and the Assistant Director of Public Health toured the rural areas and distributed quinine and its substitutes. Sufficient quantities of these drugs were distributed free through hospitals and travelling dispensaries and also sold to the public at controlled rates through the usual channels.

*Punjab.*—The incidence of the disease remained low. Only a few localised outbreaks occurred in certain districts which included tracts in the low-lying regions of Gurgaon district, water-logged areas of Sialkot and Gujranwala districts, hyperendemic areas in Karnal district, the riverain tracts in Jullundur district and certain canal irrigated areas in Montgomery district. The usual activities for the distribution of quinine or

its substitutes and the adoption of anti-larval and anti-adult mosquito measures were carried out. The amounts distributed were 2,816 lbs. of quinine, 448,765 mepacrine tablets and 393,944 quinacrine tablets. Seven anti-malaria units each consisting of 1 sub-assistant Health Officer, 1 Entomological Assistant, 5 Sanitary Supervisors and 25 Sanitary Patrols or labourers functioned during the year. Sanitary Inspectors assisted them in a general way. The vaccination staff, doctors and compounders helped in the distribution of quinine and anti-malarial drugs. The Public Health Department collaborated with the other departments in dealing with the engineering problems of water-logging and flooding, factors which strongly influence the incidence of malaria.

Certain interesting results based on statistical studies are stated to have been arrived at. It has been found that high incidence of malaria occurs in the province with a periodicity of 8 or 9 years and that rainfall in May, July and August in contrast to other months is more closely correlated with the incidence of malaria. It is stated that this correlation has increased in recent years, which may be due to the water-logging associated with the canals.

*Delhi.*—The incidence of the disease in Delhi Urban area as judged from the dispensary and hospital figures was appreciably lower this year than in any year since 1936. The routine antimalaria measures like minor levelling and draining operations, clean weeding of pools, drains and water courses, and application of larvicides and insecticides were carried on. D. D. T. was extensively used chiefly along the riverain sector from the ground and the air by means of low flying aircraft arranged by the army authorities. Indoor spraying in inhabited localities also was undertaken. The job of raising the level of the Bela mentioned in last year's report was completed this year. Some other minor permanent engineering works as part of anti-malaria measures were also undertaken.

There were extensive floods throughout the riverain tracts during August and September and a large number of villages were inundated or surrounded by flood water. The number of malaria cases treated in the rural areas by the Public Health Department were 20,946. The usual anti-larval measures and the distribution of mepacrine and quinine were carried out in the rural areas but due to the non-availability of spray mixture, operations for killing of adult mosquitoes could not be undertaken. Delhi District Board continued its grant of Rs. 4,500 for control measures in rural areas under its jurisdiction. The government sanctioned Rs. 15,000 for antimalaria measures in the villages in the three-mile belt immediately surrounding the urban areas.

*United Provinces.*—The incidence appears to have declined further this year. Epidemic conditions prevailed in 12 districts only as against 28 districts in 1943 and 17 in 1944. As in previous years the western districts were the more heavily attacked. The special antimalaria drive which included oiling of water collections, weeding of tanks, filling of hollows and depressions and the education of the public on health, was carried on. The continued shortage of insecticides was a handicap. Two tons of D.D.T. were received and were utilised primarily for use in institutions and labour camps. Nearly 7,000 lbs of quinine products, 3,000 boxes of injectible quinine and 4,962,700 tablets of quinine substitutes were sold through the usual channels and 128 lbs. of quinine and 411,500 tablets of quinine substitutes were distributed free in the affected areas.

*Bihar.*—There was no abnormal incidence of malaria anywhere in the province. Special antimalaria treatment schemes were sanctioned for a number of districts. They were financed partly by the Government and partly by the District Boards. Practically no preventive work was done in any of the centres and the prescribed number of coolies was not employed by most of the district boards. In the Chhota Nagpur circle, a special antimalaria treatment scheme for the police force and other Government servants was sanctioned for all the Police Stations of Kishanganj sub-division.

*Orissa.*—There was severe epidemic in three villages of the Ganjam Plains. The infilteration of *Anopheles sundaicus* from the coastal areas to one of these villages, situated in the interior at a distance of about 20 miles from the Chilka Lake was traced. The epidemic was brought under control by enforcing antimalaria measures. Antimalaria measures were as usual carried on at Government expense at 6 centres in Koraput district. There are good reasons to believe that the incidence of the disease in the district has declined as a result of these efforts. Antimosquito measures were carried out with Government aid in 6 municipalities. The quinine distribution scheme of the Government of India was expanded so as to include distribution of quinine snbstitutes through post offices. Large stocks of mepacrine were issued for sale to the public. Quinine injections were issued for sale to the private practitioners only. A scheme for the distribution of quinine substitutes in epidemic and endemic malarial areas through the village headmen, school masters etc., was prepared by the Director of Public Health. Almost all the local bodies adopted it and reported encouraging results. It has been proposed to the Government to give effect to it on a wider scale in 1946. During the year 795 lbs. of quinine, 410 lbs. of cinchona febrifuge, 1,05 ,208 tablets of mepacrine and quinacrine, 35,760 tablets of quinine sulphate and 3,199 boxes of quinine injections were issued for sale and free distribution.

Half a ton of D.D.T. was obtained through the Public Health Commissioner with the Government of India in September at a cost of Rs. 4,500 and distributed to 5 municipalities. The Director of Public Health thinks that it is too costly for use on a large scale for the civilian population. Two tons of D.D.T. received through the Malaria Institute of India were left over to be used in 1946. The Provincial Malaria Unit carried on investigations and surveys. The scheme to expand the unit by increasing the staff, replenishing its laboratory equipment and locating it in a separate building has been included in the post war priority scheme. A proposal to establish two malaria control units is pending before the Government.

*Bengal.*—In comparison to 1944, the incidence was milder this year. The monthly mortality recorded under malaria was slightly above the normal experience throughout the year except in December when it was below normal. There was no epidemic outbreak anywhere in the province. The highest malaria mortality was recorded in January and the lowest in July. Nadia and Rajshahi districts were more heavily attacked. Other districts showing higher incidence were Birbhum, Murshidabad Jessore, Jalpaiguri, Rangpur, Bogra, Pabna and Mymensingh.

The improvement in the malaria situation in the province may have been, in part, due to the gradual restoration of the economic condition of the people after the famine but to a great extent it was the result of the

comprehensive arrangement for the free and liberal distribution of antimalaria drugs extending to the remotest corners of rural areas. For the first time the Health Directorate started in advance of the malaria season, a special antimalaria propaganda drive through publicity in newspapers, distribution of millions of leaflets in different local vernaculars and exhibition of slides in cinema houses. A malaria supplement to the Government paper "Bengal Weekly" in English and local vernaculars was published in June. The departmental malaria officers made extensive tours in the districts to popularise the use of quinine substitutes like mepacrine and quinacrine.

The mobile Medical Units were transferred from the Medical Department to the control of the Public Health Department. In places which these units could not reach, a large number of doctors were temporarily appointed to treat malaria cases by house to house visits. The antimalaria measures in the eastern suburbs of Calcutta city started by the Public Health Department were continued this year and were helpful in keeping malaria at a low level. The antimalaria schemes at Burdwan Civil Station, Jessore town, Singur and control measures against Anopheles ludlowi at Budge Budge and in the salt lake areas outside Calcutta were continued. 9 municipalities were given grants for continuing antimalaria measures within their areas. A new malaria research centre was established at Rajshahi but it, as well as the centre at Bankura, were closed in October to enable urgent malaria survey work to be undertaken in the Damodar Valley in Burdwan division.

Quinine and other cinchona products were distributed and continued to be rationed. Distribution of quinine ampoules to the registered medical practitioners was made on a 'ration book' system. Quinine substitutes were not rationed but their sale prices were controlled and the drugs were issued from depots maintained at the district and subdivisional headquarters on the strength of permits issued by the District Quinine Rationing authorities. These drugs were sold through branch post offices of the province. The Local Government sanctioned 20 lakhs of rupees as against 35 lakhs in the preceding year for the free distribution of antimalaria drugs in the districts.

*Assam.*—It is believed that the decrease in the number of deaths recorded under fevers from 104,483 in 1944 to 87,992 in 1945 was mainly due to the reduced incidence of malaria in Sylhet and other parts of the province. The Emergency Malaria Hospital opened in December 1944 in Baniyachong in Sylhet with a capacity of 50 beds continued to function throughout the year but the antimosquito spraying was discontinued in May, 1945. On the dissolution of the Assam Medical Research Society, a malaria section with a malariologist under the Public Health Department was started in August. Quinine and its substitutes were distributed to the general public through the Public Health Department and through post offices and other agents in rural areas.

*Central Provinces.*—There was an abnormally heavy mortality from 'fevers' this year. The recorded number of deaths from fevers was 370,382 which figure was never exceeded in the current century except in the influenza year of 1918. It is believed that correspondingly the incidence of malaria also was abnormal this year. The Director of Public Health feels that the province has not seriously tackled its malaria problem. There has not been any complete malaria survey for over 25 years, and hence the full extent of the problem and the manner in which it can best be handled is not very clear, although there is little doubt about the

vastness and the difficult nature of the problem. The Government has sanctioned the posts of an Assistant Director of Public Health (Malaria), an Entomologist, a Malaria Engineer for the provincial organisation and five field antimalaria units. It is proposed to increase these eventually to 100 field units. It is intended to include a Malaria Institute in the Public Health Institute of the proposed new medical college. The anti-malaria unit at Nagpur civil station did useful control work. The unit at Nawapara carried out experimental work to determine the most economic and effective method of malaria control in the villages. The results are not yet conclusive. Two courses in elementary malaria control for forest rangers were held at the unit. The malaria section at the Public Health Institute which is mainly a training unit held six intensive courses chiefly for municipal employees and three short courses for constables under training. In all 243 persons were trained at the Institute. The result of an experimental scheme for the suppressive treatment of malaria with quinacrine in the forest, agriculture, police and jail departments were inconclusive due to lack of complete understanding of the methods to be employed and a further trial in this connection is likely to be attempted in the police department. Antimalaria schemes subsidised by the Government on a 50 per cent. basis were initiated at four urban centres but the results are obscure since the work was not done under expert supervision.

*Bombay.*—Deaths from malaria totalled 41,631 as against 41,926 in 1944. The districts of Nasik, East Khandesh, Poona, West Khandesh, Belgaum, Dharwar, and Ahmednagar had a higher incidence of malaria. The disease was most active in January, November and December. Only two special officers on malaria duty could be appointed, as suitably qualified men were not available. The touring staff of the Public Health Department such as Epidemic Officers, Sanitary Inspectors etc., helped in the distribution of quinine during their tours. A grant of Rs. 158,000 was made by the Government in connection with the schemes of distribution of quinine and its substitutes. A scheme for the sale of quinine substitutes through post offices has been sanctioned by the Government and will be put in operation from the next financial year.

*Sind.*—The lower number of deaths recorded under fevers this year compared to 1944 is taken to indicate a lower incidence of malaria in 1945. Of the three Motor Travelling Dispensaries, one remained without a medical officer. It is proposed to add five more of these dispensaries so that there may be one for each district. It is further proposed that the staff should be adequately paid and permanently attached to the Public Health Department instead of being interchanged with the staff in the Medical Department as at present. It was not possible to get necessary staff for the Malariologist who had to carry on with one or two insect collectors only. The malariologist visited a number of places for survey work, treated a number of malaria patients, gave lectures in schools and organised malaria control measures at Tando Jan Mohd. mainly for the benefit of the workers at a ginning and pressing factory. The Government sanctioned the usual sum of Rs. 2,000 for antilarval and antimosquito work in Larkana town. Quinine powder totalling 3,933 lbs. as well as 80,000 tablets together with 273,879 injection ampoules and 7,439,550 tablets of quinine substitutes were distributed during the year.

*Madras.*—The disease prevailed in more or less epidemic form in the districts of Vizagapatam, Malabar, Nellore, Cuddapah, Guntur and Anantapur districts. The outbreak in the last named district was controlled by

spray killing with D. D. T., which proved its effectiveness in controlling rural epidemics. A number of schemes of malaria investigation and control were in operation during the year. Pattukotai which was highly malarious when canal irrigation was started is now rid of the disease almost completely. The fish hatchery at Ennore was almost complete during the year. Some post-war reorganisation proposals on malaria were implemented. A Bureau of Malariology and Mosquito-borne Disease has been set up under the charge of an Assistant Director of Public Health. The four Regional Organisations including that sanctioned this year are controlled and co-ordinated by the Central Organisation. The headquarter staff consists of an Assistant Director of Public Health, a Malaria Engineer, a Senior Entomologist, a Laboratory Assistant and two Field Assistants. The Central Laboratory to be started will form a training centre in malariology. A museum of malariology is also being organised at the headquarters. Each of the Regional Organisations has now been provided with a headquarter unit and two mobile units.

The extraction of pyrethrum at the Kerala Soap Institute, Calicut, was suspended during the year due to the non-availability of flowers. Two tons of D. D. T. were obtained from the Government of India and distributed. The results were satisfactory. The merits of another new insecticide Gammexane are also being studied in these field trials. The provisions of Chapter IX of the Madras Public Health Act, 1939 relating to mosquito control were extended to several new areas. Thirtynine sanitary inspectors were trained for antimalaria work. About 3,200 lbs. of quinine and 169,000 tablets of quinine substitutes were distributed free.

*Coorg.*—It is considered that malaria was more severe this year compared to 1944, mainly due to the failure of the South West and North East monsoons. Quinine totalling 250 lbs., 268 lbs. of cinchona febrifuge, and 461,540 tablets of quinine substitutes were distributed during the year. Antilarval spraying was continued in the same areas as last year. Anti-mosquito spraying was continued with pyrocide. Half a ton of D. D. T. obtained from the Government of India could not be used extensively as sufficient kerosene oil was not available.

*Ajmer-Merwara.*—The incidence in the urban areas was below normal but it was considerable in certain rural areas. Antilarval measures were carried on in Ajmer municipality throughout the year and additional antimalaria staff was employed during July to September.

*Baluchistan.*—The disease prevailed as usual from July to October. Compared to 1944 the incidence was low. In the rural areas, the distribution of antimalaria drugs was made through forest rangers, locust control stations etc. as there are practically no arrangements for medical aid there.

**Enteric Fever.**

7. In almost all previous reports reference has been made to the inadequacy of facilities for bacteriological diagnosis even in the larger towns. No such facilities exist for rural areas. Enteric fever is notifiable in the urban areas only and even there the enactment is a dead letter in practice. In these circumstances, it is impossible to form any idea of deaths from enteric fevers except from the small proportion of cases treated in hospitals or seen by qualified practitioners. The recorded figures give no indication of the widespread nature of the disease which is believed to be the case by all competent authorities. However, from the remarks of the

Directors of Public Health in their notes on the state of this disease in 1945, it seems fairly certain that there was no epidemic of enteric fever during this year.

Brief notes on the prevalence of this disease in those provinces from which relevant information has been received are given below.

*North-West Frontier Province.*—The disease is endemic in Dera Ismail Khan mainly because there is no proper water supply. A few sporadic cases were reported from Mardan and Kohat. Inoculations with T. A. B. vaccine were carried out successfully in the schools and among the police and the frontier constabulary forces.

*Delhi.*—Deaths recorded from enteric fever were 654 as against 1,268 in 1944.

*United Provinces.*—This year 9,317 deaths from this disease were reported as against 11,786 in 1944.

*Bengal.*—There was no epidemic outbreak anywhere in the province. Some sporadic cases were reported from 3 rural and 49 urban areas.

*Madras.*—Deaths from typhoid were 1717 in the municipal towns as against 1,868 in the preceeding year.

*Bombay.*—During the year 6,443 deaths from enteric fever were recorded as against 6,648 in 1944. The districts which reported a comparatively large number of deaths were Dharwar, Ahmednagar, Poona and Kolaba. In Bombay city, there were 616 deaths from this disease. The incidence was highest in May and lowest in February. The Haffkine Institute, Bombay, continued to extend the facility of free clinical examination of material sent by private practitioners in suspected cases of enteric fever.

*Sind.*—Deaths recorded from enteric fever were 403 as against 538 in 1944..

*Coorg.*—Sporadic cases were reported from time to time both from rural and urban areas. Wherever possible, contacts were protected and the water supply was chlorinated. Inoculations with T. A. B. vaccine totalled 355. The incidence of the disease is usually highest during the hot summer months March to July, which is believed to be mainly due to defective and short water supply in these months. A protected water supply is essential for controlling the disease.

*Ajmer-Merwara.*—Enteric fever continues to be endemic in Ajmer City owing to defective water supply, bad drainage, flies and absence of legislation to control carriers. There were 292 deaths from this disease in the city as against 223 in the preceding year. In Ajmer-Merwara area, 329 deaths from enteric fever were recorded as against 337 in 1944.

**Tuberculosis**

8. In the Public Health Commissioner's Annual Report for 1935, it was suggested that a rough estimate of tuberculosis mortality might be made on the assumption that 10—20% of deaths under 'fevers' and about 20% of those under respiratory diseases were due to pulmonary tuberculosis. On this basis, the Bhore Committee estimates that the average number of deaths per annum from pulmonary tuberculosis in British India would range between 456,647 and 818,924 for the decennium 1932-41. This clearly emphasises the vastness of the problem. The chronic under and mal-nutrition

of the people, the unhygienic environmental conditions, bad housing and overcrowding in the cities and certain social customs like purdah are factors contributing to the spread of the disease. The anti-tuberculosis problem is, therefore, intimately bound up with attempts to raise the standard of living and to improve the social economic conditions of the poor.

The main emphasis on the anti-tuberculosis work in India is on the establishment of clinics as economic considerations necessitate the treatment of the vast majority of patients in their own houses. From the accounts received from the provinces it appears that this year again progress in this direction was held up. The inadequacy of institutional arrangements to deal with actual cases and their contacts remains much as before. The appointment made recently by the Government of India of a special officer to co-ordinate and develop anti-tuberculosis work in the country shows their realisation of the necessity for the organised and planned effort required to deal with a problem of such magnitude.

Below is given a brief account of the anti-tuberculosis activities in the various provinces during the year.

*North-West Frontier Province.*—During the year 7,341 cases of tuberculosis and 5,441 cases of other tubercle diseases were treated in the various hospitals and dispensaries as against 5,927 and 5,422 respectively in 1944. The Provincial and the District Tuberculosis Associations continued to do useful work. The Provincial Association sanctioned grants of Rs. 4,500 to Peshawar, Rs. 1,500 to Mardan, Rs. 2,000 to Bannu and Rs. 2,500 to Dera Ismail Khan District Associations for the equipment of their respective clinics. A grant of Rs. 1,000 was sanctioned to the Afghan Mission Hospital to meet the expenses of T. B. patients under treatment there.

There are nine T. B. clinics in the province but only those at Peshawar and Bannu are provided with up-to-date equipment. The Peshawar clinic entered for the All India Competition for the Hussan Masud Suhrawardy Memorial Anti-Tuberculosis Challenge Shield for the first time. Bracketed with the Bombay Municipality and Amritsar Clinics, it was a close second in the competition. The X-ray plant in Kohat has been installed in a separate room in the Civil Hospital. Some money was collected for a T. B. Ward. An ultraviolet lamp for the treatment of T. B. glands was got for the Mardan clinics at a cost of Rs. 1,334. Full facilities for X-ray diagnosis and special treatment by pneumothorax and calcium therapy was provided at Dera Ismail Khan clinic. Useful work continued to be done in the Government Sanatorium at Dadar.

*Punjab.*—Recorded deaths from pulmonary tuberculosis were 9,211 while those from tuberculosis of other forms were 1,042. The corresponding average figures for the preceding quinquennium were 10,538 and 1,506 respectively. It need hardly be repeated that the figures are not reliable as a large number of cases and deaths are not reported. A proposed tuberculosis survey in a representative rural-cum-urban area in the Central Punjab could not be started in 1945 due to war-time conditions. A medical officer has been appointed for the work and X-ray equipment is now available. It is hoped to start the work in 1946.

*Delhi.*—The number of cases which attended the three clinics in Delhi City totalled 3,764. Reported deaths from tuberculosis in the province were 896. The corresponding figures for 1944 were 3,382 cases and 1,164 deaths. Of these 3,714 cases, 2,706 were of the pulmonary type, of which 764 were first stage cases, 1,397 were second stage cases and the remaining 545 third stage cases.

*Bihar.*—Tuberculosis clinics which were started in the district headquarters of Patna, Gaya, Arrah and Monghyr in the South Bihar circle functioned satisfactorily. The clinics in the towns of Ranchi, Hazaribagh, Purulia and Chaibassa continued to work during the year.

*Bengal.*—The two special tuberculosis officers continued to tour the province to create a proper appreciation of antituberculosis work in the rural and urban areas, and to assist and advise the local bodies in their activities in this connection. The grants to chest clinics under the provincial scheme were renewed, but no new grants were sanctioned as no properly constituted proposals from the local bodies were received. The usual grant of Rs. 10,000 to the Bengal Tuberculosis Association was sanctioned. The two special officers worked in close co-operation with the Provincial Association.

*Orissa.*—In the only clinic situated in the premises of Cuttack General Hospital, 462 patients were treated. Of this number 410 were new patients. Examination of blood, sputum etc., was done but only 25 X-ray plates were taken. Fish-liver oil and milk were supplied to indigent patients. The three health visitors attached to the clinic carried on anti-tuberculosis propaganda by undertaking house to house visits. The activities of the Association could not be expanded due to war conditions.

*Central Provinces.*—A total of 7,428 deaths including 1,393 from T. B. of the lungs, 1,276 from the T. B. of the joints and 4,249 from other tubercular diseases were recorded during the year. It seems certain that a considerable proportion of deaths from tuberculosis were registered under "other causes" and that the actual number of deaths were much higher. It is stated that steps are being taken to arrange for the collection of more reliable figures in future.

*Coorg.*—It is believed that the disease is prevalent on a fairly large scale in the rural areas. A proposal to construct a Tuberculosis Sanatorium with 30 beds in Mercara is under consideration.

*Ajmer-merwara.*—In the clinic at the Victoria Hospital, Ajmer, tuberculosis patients were examined twice a week. Sputum, X-ray and blood examinations were done free of charge. The Madar Tuberculosis Sanatorium run by the Church Missionaries is doing useful work. It has a capacity of 100 beds but needs more equipment and facilities for treatment.

## Leprosy

9. The 1931 census reported an increase in the number of persons suffering from leprosy by nearly 50 per cent. as compared with the 1921 census (102,000 to 150,000). The degree of inaccuracy was studied by comparing the census figures with those obtained by a survey in certain areas. This revealed that on the average the survey figures were about 8 times as great as the census figures. On this basis it is estimated that India has at least a million sufferers from leprosy. The southern peninsula and the east coast of India comprising West Bengal, South Bihar, Orissa, Madras, Travancore and Cochin are areas of high incidence. The incidence is lower in the central parts of India with scattered areas of high incidence. The foot-hills of the Himalayas are moderately infected while the north-west of India is relatively free. In the highly endemic areas the incidence varies from 2 to 10 per cent. of the population. Of the two main types of the disease "Neural" and "Lepromatous" it is the latter type which is usually much more infective but fortunately it forms only about

20 per cent. of the total cases. Also the endemic areas usually harbour the mild cases whereas in the foot-hills of the Himalayas, and the North-West India, cases, though rare, are of the severe types. In Madras however leprosy is common and also more severe.

The recommendations made by the Special Committee in 1941 appointed by the Central Advisory Board of Health in their 'Report on Leprosy and its control in India' have succeeded in stimulating interest among the provincial Governments in anti-leprosy work, which is now considered by them as a concern of their medical and public health departments instead of leaving the whole field of leprosy work to the Mission. The Madras Government recently approved of a programme for an anti-leprosy campaign in the province. As was mentioned in the last year's report, the Punjab Government provincialised the posts of the Provincial and the Assistant Leprosy Officers. It also agreed to assume responsibility for the establishments attached to these posts, which were hitherto maintained by the British Empire Leprosy Relief Association. The Orissa Government in its post-war schemes has provided for (*i*) the opening of a leprosy asylum for 300 infective cases in each district, (*ii*) Attaching leprosy clinics to each dispensary and hospital, (*iii*) Starting rural colonies, clinics and village isolation centres. The U. P. Government is considering a scheme for leprosy surveys and propaganda in the province. The Government of the Central Provinces and Berar has accepted the recommendations of the Leprosy Committee appointed by it to make suggestions for the control of the disease in the province. The Bengal Government in its post-war schemes has provided for two leprosy colonies with an accommodation for 500 patients in each.

The provincial governments have also accepted the principle of admitting leprosy patients for treatment in general hospitals. In this connection, the Central Advisory Board of Health following the views of the Special Committee already mentioned resolved that, 'There is no adequate reason why, if needing hospitalisation, non-infective cases should not be admitted to general wards and infective cases to infective wards. It is essential that the attitude of the medical profession as well as of the public should be modified and liberalised in this respect'. Acting on this resolution, the Surgeon-General with the Government of Madras ordered all State Hospitals not to refuse admission to patients suffering from leprosy and requiring immediate medical and surgical aid for diseases other than leprosy or for acute complications due to leprosy. The Governments of the Central Provinces, Bihar, Orissa, and Punjab have now accepted this principle.

The main burden of organising antileprosy work in India has hitherto been borne by the two voluntary organisations, the Mission for Lepers and the British Empire Leprosy Relief Association. Their activities are reviewed elsewhere in Chapter IX. With the provincial governments now taking up direct responsibility for leprosy work, the work and policy of the provincial branches of B.E.L.R.A. will have to be re-organised ; for instance, in Madras it has now been arranged that teaching, research and control of leprosy will be directly under the provincial government and the Madras Branch of B.E.L.R.A. will be responsible only for publicity work.

The antileprosy activities of the various provinces are reviewed in the following paragraphs :—

*Punjab.*—The government made a grant of Rs. 123,488 for the maintenance of patients in Leper Homes. In 5 Leper Homes in the province, 645 infective cases were isolated. Patients on the registers of 197 leprosy clinics established in the province totalled 1,038. Of these 718 patients did

not seek treatment. This points to the need for propaganda for popularising the clinics. The Provincial Leprosy Officer in collaboration with Dr. Dharmendra of the School of Tropical Medicine, Calcutta, continued further investigations on the lepromin test among the Kussamsar Criminal Tribes settlement in Multan District. The Lepers Act was in force in the city of Lahore, and Kangra and Hoshiarpur districts.

*Bihar.*—No event deserving special notice occurred during the year.

*Bengal.*—The usual grants to the existing clinics and the Bengal Branch of the British Empire Leprosy Relief Association were made by the Government. Owing to the war no new proposals for opening clinics were sanctioned. A scheme for establishing a leper colony of 500 inmates in Bankura was drawn up.

*Assam.*—The disease is endemic in the province specially amongst the tribal and the hill people. Cases treated in 1945 in the Public Health Department dispensaries totalled 795. The Special Leprosy Officer carried out survey work, supervision of treatment centres and examination of leprosy cases among government servants. More doctors are being trained and more treatment centres are being opened for antileprosy work.

*Orissa.*—During the year 184 leprosy clinics functioned in the province. Of these 103 were run by the District and the Municipal Boards, 31 by the Government, 38 by the Provincial Relief Association and 12 by private bodies. In the Leper Asylum at Cuttack and in 9 colonies in the different parts of the province, 648 infective cases were isolated. The Provincial Association followed the policy of encouraging village, home, or institutional isolation of infective cases. The District Leprosy Officers carried on propaganda on leprosy by means of lectures and distribution of pamphlets and posters. Sample surveys in all the six districts were carried out by the District Leprosy staff. New cases detected were 844 of which 168 were in the infective stage.

*Central Provinces.*—It is estimated that the province has nearly 75,000 cases of leprosy of which nearly 25 per cent. are infectious, but the number of available beds is only 2,305. This shows that the existing provisions for isolation of cases touch only a fringe of the problem and that planning on a much more extensive scale than has been contemplated hitherto has to be considered. Following the recommendations of the Leprosy Committee appointed by the Provincial Government in 1944, it has been decided that with effect from the next year non-infectious cases should be removed from the leper institutions. The government capitation grants will thereafter be paid in respect of infectious cases only or of those non-infectious cases for whom no suitable alternative accommodation can be provided. Two Homes for burnt-out cases as annexes to the existing institutions at Champa and Chand Khuri have been provided for in the post-war plans. The Homes will be built and maintained at Government expense. A scheme for the isolation of infective cases has been included in the post-war plans, but necessary action in this connection may have to be postponed for some time on account of shortage of staff.

Thirtynine leprosy clinics attached to dispensaries and hospitals and 11 government special leprosy clinics functioned during the year. The remaining 9 Government clinics were not in commission owing to the deputation to Military Service of the Assistant Health Officers in charge of them. There were 85,627 attendance at the clinics during the year.

*Coorg.*—No indigenous case was reported in the area.

## Kala-Azar.

10. Kala-azar seems to be confined mainly to north eastern India in the provinces of Bihar, Bengal and Assam. Some incidence is reported from the provinces of the United Provinces and the Central Provinces as well. Brief notes on the incidence of the disease in these provinces are given below.

*Bihar.*—The twenty kala-azar centres continued to function in four districts during the year. The number of kala-azar cases treated in each of the districts was as follows :—

| District | No. of centres. | No. treated. |
|---|---|---|
| Muzaffarpur | 4 | 37,013 |
| Darbhanga | 4 | 68,734 |
| Bhagalpur | 4 | 2,757 |
| Purnea | 8 | 3,394 |

The centres in Purnea treated 22,267 malaria patients also. These centres were financed entirely by the Government.

*Bengal.*—There was slight increase in the incidence of the disease in a few districts of Eastern Bengal but epidemic conditions did not develop anywhere. Prompt measures were taken to check the disease in the affected areas. Government sanctioned Rs. 120,000 for carrying on work against the disease. Of this amount, Rs. 80,000 were allotted to the various district boards and the Central Co-operative Anti-malaria Society as grants-in-aid for running Kala-azar treatment centres. The district board at Darjeeling was given Rs. 11,500 for the anti-kala-azar scheme working in that district. Kala-azar specifics for distribution to district boards were purchased with the balance of Rs. 22,500. A further sum of Rs. 20,000 was sanctioned towards the close of the year to meet the urgent demand of some districts for kala-azar specifics.

Arrangements have been made to keep sufficient stocks of kala-azar specifics in the districts which are usually affected by the disease. It has also been decided to engage Mobile Medical Units for treating kala-azar cases when they are no longer required at the end of the malaria season.

*Assam.*—Intensive survery of kala-azar could not be undertaken this year due to the paucity of doctors, but, from reports received, it appears that the disease was on the increase in several districts. In 1945 nearly 18,000 cases of kala-azar were treated as against 16,590 in the preceding year. It is intended to survey next year the incidence of the disease specially in the affected areas.

*United Provinces.*—The disease continued to spread in the eastern districts. Besides the special arrangements at the headquarter and other hospitals, three travelling dispensaries toured the infected villages in Gorakhpur and Benares districts to detect and treat cases.

*Central Provinces.*—12 cases of kala-azar were reported during the year.

## Cerebrospinal fever.

11. The disease did not occur in epidemic form in any of the rovinces. Sporadic cases were reported from the provinces mentioned in the following paragraph.

In the North West Frontier Province, 21 cases and 8 deaths were recorded during this year as against 92 cases and 24 deaths in 1944. In Delhi, 45 cases and 15 deaths were reported during the year as against 82 cases and 24 deaths in 1944. From Delhi City alone 25 cases and 11 deaths were reported. In the United Provinces, 115 cases were treated in the district hospitals. Cases were reported to have occurred in Agra, Cawnpore and Allahabad cities. Some sporadic cases occurred in Calcutta and in 8 municipal and 2 rural areas of Bengal. The majority of cases were recorded in Calcutta. Five cases of cerebrospinal meningitis occurred in Koraput Jail in Orissa in October and November; of these 2 died. Preventive measures were adopted. In the Central Provinces, 290 cases of cerebrospinal meningitis were recorded. There were 222 deaths in Bombay province as against 191 in 1944. Of these 111 deaths occurred in Bombay City, 64 in Ahmedabad district, 20 in Broach and 11 in Sholapur. The other districts from which only sporadic incidence was reported were Surat, Kaira, Dharwar, East Khandesh, Kanara, and Bijapur. Cases were isolated and treated with sulpha drugs; penicillin was also made available. Wherever possible, affected premises were disinfected. In Sind, the disease was prevalent in all the eight districts but the incidence was nowhere unusual. During the year, 214 cases and 73 deaths were reported as compared with 184 cases and 51 deaths in 1944. The public was made aware of the signs and symptoms of the disease and advised about the preventive measures to be adopted.

## SECTION III

### Health activities of the Central and Provincial Public Health Departments.

12. Developments in the health activities of the Central and the Provincial Governments were, generally speaking, hampered by the war conditions. The year, however, was marked by serious efforts in planning for post-war reconstruction. The Central Government and most of the provinces formulated their plans and some of the provinces started taking action on them in so far as the conditions permitted. A unique event in the Health Planning in India was the completion of the Report of the Health Survey and Development Committee.

### Bhore Committee Report.

The Government of India, in October 1943, appointed a Health Survey and Development Committee under the chairmanship of Sir Joseph Bhore, to survey the existing health conditions in India and to formulate plans for future health development. A fully representative Committee consisting of nine officials and sixteen non-officials was formed. This Committee, besides studying Indian conditions, had the unique advantage of discussing Indian health problems with certain distinguished workers in the field of health, invited for the purpose from the United Kingdom, U. S. A., U. S. S. R., and Australia. The Committee was at work for two years and completed its report towards the close of 1945.

Surveying the existing health conditions of India, the Committee records that India's rate of mortality is about double that of most of the civilised countries and the infantile death rate about five times that of the two healthiest countries of the world, Australia and New Zealand. Unhygienic conditions of living, malnutrition and under-nutrition are responsible for the low level of health in India. Illiteracy, early marriage and purdah are additional factors keeping back the progress. Large masses of people are poverty stricken. Food production in India falls far short of the country's requirements and protective foods like milk, fruits, vegetables, meat, eggs and fish require a considerable increase before they can reach the needy masses in sufficient quantities and for a price within their means.

The Report states that existing health services in both the curative and the preventive fields are totally inadequate to meet the reasonable health demands of the large population. The position of rural areas is definitely worse than that of urban centres and since 90 per cent. of the people live in villages, the adverse effect of such inadequate provision on the public health of the country must necessarily be of a pronounced nature.

The Bhore Committee's recommendations are far-reaching and plans of a short-term—five and ten years—and long-term nature extending to forty years have been drawn up. The principles incorporated in the formulation of these plans have been (i) the negligence which the rural population have suffered should be remedied at once and the proposed health scheme should from the beginning provide for this section of the community on as adequate a scale as practical considerations would permit; (ii) the scheme when fully developed should provide each individual in the country with adequate medical care, curative and preventive, irrespective

of his ability to pay for such services; (iii) the active co-operation of the people should be secured in the development of the health programme partly through intensive health education and partly through the provision of facilities for participation by the people in local health activities.

The Committee's long term programme will provide the country, within a period of 40 years, with an integrated curative and preventive national health service, embracing in its scope institutional and domiciliary provision. The unit of administration designated as a "Primary Unit" will cover about ten to twenty thousand people. Some fifteen to twenty such units will together constitute a secondary unit. Three to five secondary units will form a district health organisation. At each of the headquarters of the district, secondary and primary units will be established a health centre. This will provide treatment facilities of a progressively higher order from the primary unit hospital upwards. These hospitals will also take an active part in the preventive health campaign. Field organisations for such services as those for tuberculosis, maternity and child welfare and venereal diseases will be closely linked to these hospitals.

The Committee has recommended the amalgamation of the curative and preventive health services. The doctor of the future should combine in himself both functions, in the interests of the community, particularly in the peripheral units of administration. To achieve this purpose, the committee has suggested extensive changes in the existing training programme for doctors so as to equip them better for preventive health work.

In order to promote the active interest of the people in the proposed health programme, establishment of health committees consisting of voluntary workers have been recommended for every village. These committees would have the effect of mobilizing local effort for the improvement of environmental hygiene, control of infectious diseases and other forms of health activities.

Lastly, the Committee has stressed that no health plan can produce the desired advance in the public health unless simultaneons progress can be made in the provision of healthy environment for the community. Hygienic houses, a safe water supply, a satisfactory system of conservancy adequate supervision over production, distribution and sale of food, are some of the essential requisites for improving the health of the people.

## Central Government.

13. In view of the post-war needs of the country and the expanding public health activities in the provinces, the Government of India expanded the health staff at the centre. A post of the rank of a Deputy Public Health Commissioner was created and filled to deal with the quarantine work, which has expanded considerably due to the growing health activities at the seaports and airports. Three posts of the rank of Deputy Public Health Commissioner, one for epidemiology and communicable diseases, one for venereal diseases and one for publications, one post of a Nutrition Officer, two posts of Maternity and Child Welfare Officers along with two posts of officers on special duty, one for health and education and another for industrial health, were created.

The question of re-organisation of the Port Health Departments at the various sea and airports was under active consideration during the years 1939-41 but the war intervened and the matter had to be put off for the time being. In 1945, the matter of re-organisation was revived and proposals for a unified cadre and scale of pay were under examination.

The Yellow Fever Committee in 1941 had considered the question of the manufacture of yellow fever vaccine in India. As a result of its recommendations, an officer was deputed to take training in the subject with the Rockefeller Foundation. Since then steps were being taken to start the manufacture of the vaccine in India. In 1945, considerable, progress was made in completing the necessary arrangements at the King Institute, Guindy.

In view of the experience of the serious outbreak of epidemic influenza after the first Great War, the Government of India, towards the close of the year, requested the provincial governments to prepare and be ready with skeleton plans to meet any serious outbreak of epidemics in the immediate post-war years as a result of adverse war conditions. The Government of India itself took steps to keep stocks of a virus A type influenza vaccine. This vaccine is being manufactured at the King Institute, Guindy on a small scale at present. A move was also made to take over surplus American stocks of sulpha-drugs for use in case of influenzal complications like pneumonia and bronchitis. Most of the provincial Governments are now prepared with skeleton plans for such an emergency.

In May 1944 'in view of the importance of problems concerning growth of population in relation to planning and reconstruction,' the Government of India had appointed a small expert committee under the chairmanship of Mr. M. W. M. Yeatts, C.I.E., I.C S., who was the Census Commissioner in the 1941 census operations 'to examine and advise on the available data relating to growth of population'. The report of the Committee was made available in 1945. The Committee reviewed the position caused by the decision of the Government of India not to tabulate the age tables in 1941 census reports. Age tables based on complete enumeration are available for Delhi and Ajmer-Merwara, but no age tables are available for the United Provinces, Madras, the Central Provinces and Berar and Coorg. Tables based on sample selections are available in the case of the rest of the British Indian Provinces. The Committee came to the conclusion that sample tables are satisfactory in the case of Bengal, Punjab, Sind and the North-Western Frontier Province but not fully so in the case of Bombay and Orissa, while Bihar, Assam and Baluchistan tables are not representative of the entire area covered by complete enumeration in each case. The Committee recommended steps to remedy the defects and made suggestions for creating a nucleus at the centre for co-ordinating information on population growth in India covering, not only census, but vital statistics and allied matters. It recommended the appointment of a Registrar General for India for the purpose.

With the termination of hostilities, the United Nations set about tackling the peace time problems of the various countries in the world. A world conference to consider the food problems was held in October 1945 at Quebec. The Government of India was represented at the conference by Dr. Aykroyd, Director of the Nutrition Research Laboratories at Coonoor. The conference considered the setting up of a World Food and Agriculture Organisation.

No meeting of the Central Advisory Board of Health was held thi again.

## Rural Health

14. Not much progress could be recorded in the year in the improvement of rural health services mainly on account of the war conditions. Studies in the organisation of Rural Health Services through the formation of "Health Units" were continued. A brief account of the important special activities of these Health Units and of improvement in water supplies is given below. Other developments in rural health organisation are described in the remarks on health activities in provinces.

### Health Units

The financial grants from the Rockefeller Foundation to the various units ceased. The Units are now entirely financed by the provincial Governments concerned.

*Madras.*—The Poonamalee Health Unit which after the cessation of the grant from Rockefeller Foundation was continued by the Government on a modified scale since 1940 was reorganised as from the 1st of December, 1945. The object of the reorganisation was firstly to make the Unit an efficient field training centre for the various grades of public health workers, secondly to test the post-war reconstruction schemes and thirdly to provide public health service to the local areas. The Unit has been divided into four primary health centres each having an approximate population of 15,000. Each primary centre has a staff of one Health Inspector, one Health Visitor and two Midwives. Two centres have a common dispensary. The group centre is at Poonamallee and is under the charge of a second class Health Officer assisted by a Woman Medical Officer and an Assistant Engineer. The necessary conservancy staff and a reserve of two midwives have also been provided.

The population of the Unit area is 49,319 (1941 census). The Registration of births and deaths is compulsory throughout the Health Unit area. The infant mortality rate in the Unit was 236 per thousand live births. This high rate is believed to be mainly due to malnutrition and impoverished condition of mothers due to the economic conditions and non-availability of milk. The Health Unit midwives conducted 64.9 % of the total number of labour cases in the area. Unfortunately, the post of Woman Medical Officer continued to be vacant throughout the year.

*Bombay.*—The Sirur Health Unit completed the sixth year of its existence in 1945. During the year, 13 wells were improved, 7 step wells were closed and one pump was fixed to a well. Seven bore hole latrines were constructed, 148 windows were fixed and 83 soak pits were made. Twelve kitchen gardens were made. A village cleaning week was observed in all the villages in November. Cholera prevailed all round the area and cases from outside were imported into the area. The female staff were given special training in public health nursing in the Health Unit and were named Health Assistants. They paid 14,401 home visits as against 7,500 in the preceding year. Home demonstration classes were 152. Considerable progress in the School Health Work in the four schools was made and it is likely that other schools too will introduce this feature. Besides the usual training activity, a three months' course in Sanitary and Public Health work was held for subsidised medical practitioners.

*Delhi.*—The Najafgarh Health Unit continued its eighth year of existence. There was no smallpox in the Unit area and the outbreak of cholera was brought under control within a week by the adoption of effective anti-cholera measures. Extensive antimalaria propaganda through talks, lectures and demonstrations invoked considerable co-operation from the public. 2,470 malaria cases were treated. The post of lady doctor remained vacant for the rest of the year after the resignation of the last incumbent in June 1945. Four posts of dais and midwives also remained vacant for a considerable portion of the year. The maternity and child welfare staff is considered to be inadequate to attend to all of 72 villages in the unit. 1,197 confinements out of a total of 2,492 were attended to by the staff. Total clinic attendance was 16,678 as against 16,983 in 1944. Many marasmatic infants and toddlers were kept under observation and given advice and treatment. These showed fast improvement. Death rates for infants and toddlers on cards were 30.0 and 12.1 as against 45 and 42.5 in 1944. Fevers, pneumonia and gastrointestinal diseases were the main causes of death. There were no deaths among antenatal cases totalling 1,970 and only one death among 1,197 mothers who were under staff follow up. It is felt that a maternity hospital should be added to the Unit.

Sanitation of the villages on the whole was unsatisfactory. Suggestions for framing byelaws for buildings, compulsory adoption of sanitary regulations and employment of whole time scavangers for rural areas have been made and are under the consideration of the Government. Difficulty in obtaining supplies of iron, cement and bricks greatly handicapped progress in improvement of villages. For want of suitable open common land round the villages the public could not be induced to dig manure pits. Consolidation of land holdings this year was completed in three more villages. Medical examination of 875 out of 1,256 students on roll was carried out ; of these 247 were found defective. Cases of defects of vision, enlarged tonsils and bad teeth remained unattended. The appointment of a touring dentist and an eye specialist seems to be called for.

*United Provinces.*—The Partabgarh Health Unit covers an area of 67 sq. miles and includes the small Bela Municipality having a population of 12,829, two town areas with total population of 6,576 and 123 villages having a total population of 60,013. The Unit is now run by the U. P. Government under the auspices of the U. P. Branch of the Indian Red Cross Society with some contribution from the local bodies of the district. It completed 13 years of existence.

The Health Unit area suffered from the epidemics of cholera and plague due to imported infection from the neighbouring areas. Anti-epidemic measures were adopted. The infant mortality rate in the area was 113.6. This may be compared with the figure of 162.6 which was the rate at the time the unit started work. The Unit midwives conducted 50 % of the labour cases in the area. The infant mortality rate among such cases was 41.9 as against 178 in the cases conducted by other agencies. Training of indigenous dais formed a part of the duty of every maternity worker. Prenatal and baby clinics and classes for 'little mothers' were held. A baby show and two health exhibitions were organised on a large scale. The milk feeding scheme was continued in one of the maternity centres. A Junior Red Cross rally was organised at the headquarters. One of the Junior Red Cross groups won the provincial competition. Three lectures on 'Prevention of Blindness' were organised. Preparation of compost from town waste was tried in Bela Municipality. A 'Village Health Gazetteer'

was started in order to keep a permanent record of the sanitary improvements effected in villages. Thirtyseven village health leagues continued to function during the year. A simple septic tank latrine which unlike the bore-hole latrine should prove to be of a permanent nature has been designed and is being given a trial. A Public Health Museum organised in the buildings of the unit was very popular. It showed among other things septic tank latrines, improved type of bore hole latrine, soakage pits and a model village.

## Rural Water Supplies

The developments in regard to rural water supply in the various provinces are given below.

*North-West Frontier Province.*—The six district boards in the province spent Rs. 1,123 during 1945-46 on water supply as against Rs. 3,332 in 1944-45.

*Punjab.*—The Government sanctioned a grant of Rs. 2,98,010 for improving water supply in the rural areas.

*Orissa.*—As has been stated in the previous reports, there are very few masonry wells in the rural areas in the province. The people have to depend mainly on rivers, canals, tanks or shallow earthern ring wells for their water supply. This factor must be responsible to a large degree for the ravages of epidemics and outbreaks of water-borne diseases. The efforts of the local bodies to improve the position are on so small a scale as to be ineffective in bringing about any visible improvement. Masonry or tube wells in the rural areas should immediately be provided on an extensive scale. It is hoped that with the expansion in the Public Health activities under the post-war schemes and the promulgation of the Public Health Act now under examination by the Provincial Government, the conditions will improve.

*Bengal.*—Tube wells totalling 2,295 were resunk and 1,3 5 repaired under the Famine Relief Scheme.

*Assam.*—No improvement could be recorded this year again. The Public Health Staff looked after the disinfection of sources of water supply in addition to vaccination and inoculation activities.

*Central Provinces.*—The people usually take their supply of water from unprotected wells or rivers. The Director of Public Health has recommended to the Government that at least one closed well with a pump should be provided in each village and that provision for additional wells in the rural areas should be made. The people have been advised to use community buckets in drawing water from the wells in order to avoid the risk of contamination of the water from individual receptacles, but their appreciation of the advice is rather slow. The village officials are being trained in the methods of disinfecting wells.

*Madras.*—A comprehensive scheme of protected water supply for the rural areas has been introduced and is being executed in all the districts from the Provincial Funds. A sum of Rs. 1,317,200 was sanctioned by the Government during the financial years 1944-45 for the purpose.

*Bombay.*—A grant of Rs. 500,000 was made by the Government to the Divisional Commissioners and of Rs. 424,500 to the Public Works Department for improvement of village water supply. New wells totalling

140 were constructed in 63 villages in seven districts. In 6 districts, 259 step-wells were converted into draw wells. Repairs of wells and tanks in 3 villages in the Ahmedabad district were carried out.

*Coorg.*—Fifteen deep wells were constructed as against 4 during the year 1944. However, the main source of drinking water supply in the rural areas continued to be springs and rivers.

## Famine Relief

15. The reports of the provincial Directors of Public Health do not mention the occurrence of any famine conditions in their provinces during the year. The prices of foodstuffs, however, continued to be high. Rationing of wheat, rice and sugar was introduced in some of the big cities and towns in India. In the following paragraphs, a brief account is given of the relief activities organised by the various provincial Governments in the financial year 1944-45 to meet economic distress caused by floods and damage to crops.

*Punjab.*—Heavy rains and floods damaged the crops in the districts of Kangra and Shahpur. Gratuitous relief to the extent of Rs. 75,000 was granted. Government granted 1½ lakhs of rupees for distribution as gratuitous relief to deserving persons for purchase of fodder in the Shahpur district. Relief to the extent of Rs. 10,000 was granted in Dera Ghazi Khan where some damage was caused to standing crops.

*United Provinces.*—Scarcity or famine was not declared in any part of the province. The expenditure on gratuitous relief amounted to Rs. 27,092.

*Bihar.*—The crops were fair on the whole, and the weather conditions were favourable for almost all the crops. Gratuitous relief to the extent of Rs. 10,136 was given to the sufferers from fire in the districts of Darbhanga, Bhagalpore, Purnea and Santhalparganas and of Rs. 40,375 to sufferers from floods in the districts of Muzaffarpur, Darbhanga and Bhagalpur.

*Orissa.*—In August there were floods in parts of Ganjam, Cuttack and Puri districts and the paddy crop was affected to some extent. The condition of the agriculturist on the whole was fair. Free grants amounting to Rs. 5,00,157 were made for the relief of the distressed and needy people.

*Bengal.*—Routine measures for the relief, rehabilitation and repatriation of the famine-stricken people were continued during the year. Heavy floods caused some damage to crops and collapse of some houses in the Hooghly and Midnapore districts. Gratuitous relief was granted and 20 bales of standard cloth were distributed free. High tides and cyclonic weather conditions caused extensive damage to crops in 24-Parganas. Rs. 12,290,336 were spent on gratuitous relief. Rs. 70 lakhs were spent in cash or grain doles. In November 1944, 301 free kitchens that were functioning closed down and grain doles were distributed in its place. Milk to the value of Rs. 25 lakhs was distributed to destitutes. During the year 1944-45 about 290,000 pieces of cloth, 186,000 blankets and sheets and 53,000 garments valued over Rs. 16½ lakhs were distributed. Out of the grant received from the Indian Peoples Famine Trust, 556 gallons of shark liver oil was purchased for free distribution. About 494,768 maunds of rice, 354,554 maunds of atta and 7,947 maunds of

grain were distributed at concessional rates. Building materials costing Rs. 13.5 lakh were distributed to those rendered homeless due to the famine. Rs. 3 lakhs were granted to non-official organisations as subsidies. Rs. 1,243,136 were spent on test works. During the year, 42 Central Destitutes Homes each consisting of a work house, a home for destitutes and a home for orphans and young unattached destitutes were functioning in the province. The inmates got free food. A sum of Rs. 50 lakhs was sanctioned for helping the artisans in the form of free raw materials, tools and implements etc. A total amount of Rs. 11,024 was distributed as gratuitous relief to the poor people whose houses were burnt by fire.

*Assam.*—The agricultural situation was on the whole good. Some damage to crops was caused by local floods in the district of Sibsagar.

*Madras.*—During the year 1945 three famine camps were working in Vizagapatam district. The Godavari river was in flood in August 1944 and a breach occurred. Rs. 3,500 was sanctioned for free supply of seed and fodder to poor sufferers.

*Central Provinces.*—There was no large scale agricultural distress this year. As usual remission of land revenue was granted for damage to crops by hailstorm and other local calamities.

*Bombay.*—The agricultural situation was satisfactory except in certain parts of Bijapur, Nasik, and Ahmednagar districts where grasshoppers and rats caused damage to the Kharif crops. Heavy floods caused damage in Ahmedabad, East Khandesh, and Nasik districts. Gratuitous relief to the extent of Rs. 30,328 was given.

*Sind.*—In Dadar district, heavy floods destroyed the Kharif crops. Relief to the extent of Rs. 18 lakhs was given to flood victims.

*Coorg.*—The paddy crop was not as good as the previous year. Assessment amounting to Rs. 13,665 was remitted on account of failure of crops due to water scarcity and damage by wild animals.

*Ajmer-Merwara.*—It was not necessary to grant any relief to the agriculturist this year as the crops were good.

No relief measures of note were necessary in North West Frontier Province, Baluchistan and Delhi in the period under review.

## Health Activities in Provinces

The activities of the health departments in the various provinces during 1945 are briefly summarised below :

### North West Frontier Province.

16. Of the seven municipalities in the province, only 3 have whole-time health officers; others have part-time officers. A piped water supply is provided in only 8 towns out of 19. Except for a few vaccinators, there is no public health staff in the rural areas. Medical aid and health propaganda in rural areas in three districts were carried on as usual by the provincial epidemic travelling (motor) dispensaries. Medical inspection of school children was again held in abeyance this year due to non-availability of doctors. The byelaws for the compulsory registration of births and deaths in Mardan Municipality have been gazetted and will shortly be put into force.

**Punjab**

17. The number of Sanitary Inspectors per district has now been raised from 1 to 3. The complete cadre of the Sanitary Inspectors for the province was 118. Twenty-eight anti-epidemic squads consisting of 56 sanitary supervisors and 336 subordinates for sanitary work have been organised to attend to any anti-epidemic work. Out of a sanctioned strength of 14 antimalaria units, 7 have been formed, each consisting of 1 sub-assistant Health Officer, 1 entomological assistant, 5 sanitary supervisors and 25 subordinates for sanitary work. The Public Health Department has under its control 161 rural dispensaries and this control has resulted in combining the preventive with the curative side of the public health activities in these areas. This year a sum of Rs. 3,01,904 was granted for the improvement of water supply and drainage in towns. The work of inspecting factories was carried out by Assistant Directors of Public Health and the Municipal and the District Medical Officers of Health.

The Public Analyst prepared and distributed 250 maunds of iodised salt for distribution in villages in Kangra District where goitre is prevalent. During the year the Government sanctioned the establishment of a Central Provincial Public Analyst's Laboratory and 4 Divisional Laboratories at Ambala, Rawalpindi, Multan and Jullundur. The Divisional Laboratories had not started functioning till the close of the year. Twenty Government Food Inspectors have been posted throughout the province. It is proposed to appoint another 20 Inspectors very soon. One more local body applied the Punjab Pure Food Act during the year, bringing the total of such bodies in this province to 211. A nutrition survey was carried out in the Ambala District. More than two-thirds of the persons examined were found to be malnourished. Fully developed food deficiency diseases such as goitre, rickets and keratomalacia were found to be prevalent. Of 1,240 school children examined, 64% were found to be malnourished, 70% suffering from goitre and 38% showed signs of rickets.

**Delhi**

18. With the co-operation of the villagers improvements in environmental hygiene and housing were effected in 30 villages. This consisted in improving village wells by providing them with sullage boreholes and soakage pits, and ensuring chlorination of wells once every month. A considerable number of manure pits, sullage drains and community borehole latrines were also constructed. Authorities in charge of consolidation of land holdings rendered valuable assistance by setting aside land for community purposes like playgrounds, ladies park, latrines and manure pits etc There has been an appreciable improvement in the sanitary arrangements in schools in the rural areas. Nearly all the schools are provided with suitable drinking water arrangement and latrine accommodation. The routine medical inspection of school children showed that cases of external eye diseases, enlarged spleen, enlarged tonsils and adenoids, dental caries and enlarged cervical glands were among the more common defects in children.

The School Medical Service in New Delhi entered its ninth year of existence and continued to report good progress. The main defects found among the children during school medical inspections were of dental troubles, defective vision and malnutrition. Errors of refraction were observed in 218 boys and 105 girls but the majority of parents refused to adopt measures

for getting the errors corrected. In Delhi City, routine medical inspection of students in every school is carried out without any system of follow up. A follow up scheme on the lines of that existing in New Delhi is urgently needed.

The Delhi Milk Control Order was enforced throughout the year and the Chief Health Officer continued to act as the Milk Controller. Of 889 samples of milk examined, 35 % were found to be adulterated. This percentage in the case of ghee and butter samples was 12 and 24 respectively.

A Nutrition Exhibition was organised in New Delhi in December and proved very popular. A booklet entitled 'Nutrition' was published by the Chief Health Officer in order to make the public nutrition-minded. Nutrition stalls were exhibited in all rural fairs. Talks and demonstrations with magic lantern were arranged in several villages.

The number of factories coming under the purview of Factories Act was 249 as against 215 in 1944. Of these, 38 were thread-ball establishments, where considerable improvement in the matter of sanitary provisions and ventilation was noticeable although the conditions still need further improvement. In the larger factories, the standard of ventilation and sanitary provisions was well maintained.

The work of the Provincial Laboratory showed an all round increase but its activities are stated to have been handicapped for want of space and adequate staff.

## United Provinces

19. The Provincial Hygiene Institute held special courses in water purification methods for superintendents of water works. The officers of the Institute were also deputed for field investigation for typhoid-fever, goitre and tuberculosis among factory workers. The Institute manufactured 1,784,869 doses of cholera vaccine. The Public Analyst examined 11,750 samples of all kinds. Twentyeight per cent. of the samples were found adulterated this year as against 25·6% in the preceding year.

The publicity van toured in 21 districts in the rural areas and gave 106 demonstrations in connection with health education. About 0,000 illustrated posters and 83,000 leaflets and booklets on health subjects were issued for distribution. The Department co-operated in the training of the Officers of the Indian Army in rural health work and in starting a pre-release course in rural hygiene for the lower ranks. The Junior Red Cross had a membership of 108,680 students as against 22,488 last year. For training the members, 124 First Aid outfits were issued and 3,455 persons were trained in the various courses of the St. John Ambulance Association while 4,433 certificates in the first Aid were issued to school children. The Ambulance and Nursing Divisions had 2,144 members on their registers.

Over 53,3.0 tons of compost manure was prepared and a good portion was sold outright. The Agriculture Department is trying to dispose of the remainder. The experiments on the use of this compost show a greatly increased yield in the case of wheat and barley crops and garden products and vegetables. The Government appointed a committee with the Director of Public Health as chairman to advise on the utilisation of town sewage.

## Bihar

20. The distribution of the districts in three circles for the purposes of Public Health Administration was re-shuffled. The districts of Patna, Gaya, Shahabad, Monghyr and Santhal Parganas are now in South Bihar Circle, Saran, Champaran, Muzaffarpur, Darbhanga, Bhagalpur in North Bihar circle and -Hazaribag, Ranchi, Palamau, Manbhum, Singhbhum and Purnea in the Chotanagpur circle. All the districts were under the charge of a District Health Officer except Palamau where the Civil Surgeon tried to look after public health matters.

In addition to the numerous small fairs three big fairs, viz., the Pitripaksh mela at Gaya, the Laundh-mela at Rajgir and the Sonepore mela at Patna ghats were held. Elaborate sanitary arrangements were made. Besides the customary health propaganda at the fairs, a Public Health Exhibition in collaboration with the local Medical Association, the Army and Darbhanga District Board was held at Muzaffarpur. With the co-operation of the Muzafferpur Health Association, public health propaganda was carried on by the Assistant Director of Public Health in the rural areas. Medical inspection of the school children was carried out as usual. In the Northern circle, the services of the Medical Officers were utilised in connection with the fairs and epidemic outbreaks. The Medical Officers of Health of the two Mines Boards of Health continued to look after the health and sanitation in their areas. The special schemes for the sanitation of the military occupied houses in Ranchi and for the anti-malaria and sanitary measures round the Air Force Camps continued to function during the year.

## Orissa

21. At present there is no town in the province which has both a piped water supply and modern drainage. The towns of Puri and Berhampur have a protected water supply but the supply is inadequate to meet the needs of the towns. A proposal to provide a water supply and drainage in all towns having a population of 10,000 and over is under the consideration of the Government. Five tube-wells with overhead tanks and taps were sanctioned for Cuttack by the Government at a cost of Rs. 30,000. The work has been taken in hand. It is also proposed to provide motor trucks for removal of rubbish in towns. No noteworthy improvement could be effected in the urban and rural housing conditions. Only in the bigger municipalities employing a Health Officer are the plans for building referred to the Health Officer for checking but even there his opinion is not always respected. A provincial scheme to improve housing conditions and to provide for the appointment of a Planning Director is included in the post-war plans.

A two year village Aid Scheme has been sanctioned by the Government as an experimental measure in the Ganjam Agency and Koraput Districts. Under this scheme, the village school teacher is given three months' training in the first aid and treatment of minor ailments at the headquarter hospital and is supplied with a small stock of necessary medicines and appliances for his centre. Ten such centres have been opened in the first instance. There are practically no conservancy arrangements in the rural areas. A few health units to educate people in the principles of community hygiene have been formed in some areas. Only in a few villages around the aerodromes was the Orissa Prevention of Adulteration and Control of Sale of Food Act, 1938, put in force.

The medical examination of boys' in High and Middle schools in the urban areas revealed 66% of the boys examined to be unhealthy. The corresponing figure for the rural areas was 43%. The common defects in the urban areas were chronic malaria (16%), enlarged tonsils (14%), dental caries (8%) and pyorrhoea (4%).

The students in the primary schools could not be examined owing to their large numbers and the inadequate number of medical officers available. The Government has recently sanctioned a scheme providing for the appointment of a school Medical Officer for each district and a Woman School Medical Officer for the girl students of the province.

Health propaganda was continued on the usual lines. The Director of Public Health prepared a booklet entitled 'Food, Diet and Health' giving the principles of nutrition and a pamphlet on 'Rules of Health' giving simple rules of personal hygiene and prevention of disease. These were published and distributed. A report embodying the results of nutritional surveys undertaken in certain areas was submitted to the government in August 1944. Thereafter the two Nutrition Health Inspectors carried on a resurvey of the areas covered previously in order to determine the effect of the abnormal food situation on the nutritional status of the people. The resurvey report has been submitted to the Government.

This year the American Friends Service Committee made a free gift of 1,010,800 multivitamin tablets, which were distributed in the province. The Indian Red Cross Society supplied 29 tons of dried milk of which 25 tons were distributed to destitutes in canteens in the coastal districts and 4 tons were kept in reserve. The Orissa District St. John Ambulance Brigade continued its activities enthusiastically. The Chief Commissioner, warmly appreciated its expansion from 18 divisions to 24 divisions.

During the year an investigation into the incidence of filariasis and deficiency diseases in the Leper Asylum, Cuttack, was made.

A proposal to re-organise the public health staff on the following scale has been submitted to the government :—

(i) For each district one Health Officer with a staff of two clerks, one stock compounder and two peons.

(ii) For a population of one lakh one Assistant Health Officer with one Health Inspector, one disinfector peon, two vaccinators. Certain recommendations to improve the reporting of infectious diseases have been made to the government.

A draft Public Health Bill to meet the modern public health requirements has been submitted to the government.

**Bengal.**

22. The deterioration in health conditions that started with the Famine in 1943 gradually disappeared by the middle of the year 1945. No expansion of health services and health propaganda could be effected ; neither was there any special public health legislation this year. The usual fairs except the Ganga Sagar Mela in 24-Parganas were held. Adequate sanitary arrangements for conservancy, water and food supply were made. The Nutrition Branch of the Public Health Department carried on a nutritional survey in two groups of children below 12 years of age who were attending: (1) schools, and (2) milk centres in Calcutta run by the Bengal Presidency Council of Women. An investigation into the diets of the division III prisoners at the Presidency Jail, Alipore, was conducted in the latter part of the year.

### Assam

23. A malaria section to act as a nucleus for anti-malaria activities in the province was created during the year. The public health activities suffered from the lack of doctors. It has not yet been possible to post one Rural Health Inspector for each thana area. A licentiate doctor was deputed to study the technique of vaccine lymph manufacture at the King Institute, Guindy. The Publicity and Rural Development Department also carried on health propaganda and rendered useful aid in a mass vaccination drive.

### Central Provinces

24. A beginning has been made in the building up of a Nutrition Section of the Public Health Department by the appointment of a Nutrition Officer. This officer has carried out nutritional surveys in the various parts of the province. All the surveys showed a deficiency of protective foods in the peoples' dietary. A survey into the incidence of lathyrism also was made and showed a much higher incidence of the disease than was originally believed. Formerly, the disease was taken to be associated with the vetch (Vicia Sativa) as a contaminant of wheat but it is now established that it is due to the intake of Teora (Lathyrus sativus) a pulse consumed largely by the people in certain areas where the cereals usually consumed by them are not obtainable in famine conditions. The survey revealed :—

1. The incidence was very much higher than was thought to be the case, well over 6,000 cases having been found.
2. The vast majority of cases had occurred during the preceding 6 months when grain scarcity was most acute.
3. The females were not immune as had been thought but they were affected to a lesser degree.
4. The people had been eating Teora in excess or to the exclusion of other grain during the last 2 years.
5. In Chhatisgarh and other rice eating areas where Teora was eaten in small quantities as a dhal, lathyrism was unknown.

Thus when the magnitude of the problem was better realised it was recommended to the government totally to prohibit the cultivation of Teora. Samples of Teora have been sent to Food Research Laboratories, Coonoor, to determine the harmful active principle. No results have so far been obtained due to the difficulty of finding laboratory animals in which the conditions can be easily reproduced.

The medical inspection of school children revealed that nearly 27% of the children inspected were unhealthy. A considerable proportion of cases had enlarged spleens, anaemia and conditions attributable to nutritional and vitamin deficiency. Attempts are being made to devise some suitable meal to supplement the normal dietary of children. A scheme to establish a school medical service in four centres has been sanctioned in the post-war Development Plans. A recommendation for sanctioning the appointment of an Assistant Director of Public Health for carrying on health education on sound lines has been made. The Director of Public Health feels that for making health education fruitful, it is very necessary to make Hygiene compulsory at all stages of education, to revise the present syllabus in Hygiene and to adopt a minimum standard of school Hygiene.

The Government have agreed that building plans should be subject to scrutiny and approval by the Public Health Department. Plans for improved public latrines on the septic tank principle are being drawn up. Scabies has recently become widespread in the province. Efforts are being made with the help of the Public Health Commissioner with the Government of India to explore the possibility of importing Benzyl Benzoate in sufficient quantities to serve as a substitute to sulphur ointment.

**Bombay**

25. The post of an Assistant Director of Public Health (Epidemic) was created temporarily in view of the epidemic situation. Fifty-six inoculators and seven subordinate medical service officers were appointed for short periods as necessary. Health propaganda was carried on both by Governmental and private agencies; among the latter may be mentioned the Sanitary Associations of Broach, Bombay and Ahmedabad, the Arogya Mandal, Poona, and the Bombay Mofussil Maternity, Child Welfare and Health Council. This Council received a grant of Rs. 5,000 from the Government for the purpose, and was supplied with a talkie projector. The health section carried on propaganda in health, maternity, child welfare nutrition and held health exhibitions, cinema demonstrations, radio broadcasts and lectures. The Education and the Revenue Departments also undertook health propaganda along with their other programmes by exhibiting slides on health subjects. Magic lantern slides on 18 different health subjects were circulated by the Public Health Department for propaganda work. Films on 5 health subjects have been prepared and were screened through projectors fitted to the mobile vans of the Director of Information, Bombay and the Rural Uplift Vans of the Revenue Department. Gramophone records in Marathi on prevention of diseases like smallpox, cholera, plague and malaria have been prepared and were used for propaganda work.

**Sind**

26. The schemes of improvements in water supply and drainage in Karachi and Sukkur were almost completed during the year. Similar schemes for other towns could not be started this year. Twelve Public Health Schemes under the post-war plan have been submitted to the Government. The revised Bill for the Prevention of Adulteration of Articles of Food as it emerged from the Select Committee could not be considered by the Legislative Assembly during the year. The post of the Assistant Director of Public Health was abolished, since a full time Director of Public Health was appointed. A whole time Public Health Demonstrator was appointed for health propaganda. He concentrated his efforts particularly on lecturing and demonstrating to the school children. He also helped in organising the activities of the Sanitary Committees in the villages. He demonstrated to the conservancy staff the proper methods of disposal of night soil, village refuse, etc. The post of a Sanitary Inspector to look after the sanitation of the Barrage Township Sukkur was created. Of the several Sanitary Boards only that for Karachi functioned properly.

**Madras**

27. Improvement of environmental hygiene and more particularly of soil sanitation in the rural areas received special attention during the year. A strong drive for the construction of septic tank (private and

public water-borne and hand flushed) latrines in both the rural and the urban areas was made. A Rural Sanitation Unit worked in Salem District, where considerable progress in providing sanitary conveniences was made. Provision was made for the sale of squatting slabs in the district at one third the cost in order to encourage the construction of private latrines.

In the post-war plans, the Government has accepted a scheme for the expansion of the Public Health Services. It provides for the establishment of primary health centres for groups of villages with a population between 10,000 to 15,000. Each centre will have a dispensary with a medical officer, one health inspector, one health visitor, two midwives a maternity home of four beds, an infectious diseases', ward of two beds and an emergency ward of two beds. Ten to 15 such centres will be linked up to a Taluk or Group Centre having an Assistant Health Officer and a Woman Medical Officer on the public health side. The Group Centres will be co-ordinated with a well-staffed and well equipped District Centre. One taluk in each district has been selected for the location of the primary health centre and the work of preparing the plans for the buildings has been taken in hand. For conservancy and sanitation, 10 public latrines are to be constructed in each primary health centre as well as private latrines whose construction will be enforced where possible. A staff of 4 mistries, 10 sweepers and 10 scavengers is proposed to be employed. A scheme for training 100 health visitors and 180 midwives each year to provide the requisite personnel for the above expansion has also been accepted. In the light of the above, the exisiting scheme of entrusting the public health work in the rural areas to rural medical practitioners will be reviewed.

The two great bathing festivals, the Mahamakam of Kumba-Konam and the Kistna Pushkaram, which come once in 12 years, took place this year in February and July respectively. Despite the restriction on travelling by rail, they attracted huge gatherings. Elaborate sanitary arrangements were made, and the adoption of timely preventive measures checked the spread of sporadic cases of cholera that occurred during the festivals. There was an outbreak of cholera in the Mahasivarathri festival at Sreesailam and the disease spread to the neighbouring districts.

The inspection of factories by the Health Officers, which was held in abeyance as a war economy measure, was resumed. The government order for shifting objectionable factories from residential to industrial areas could not be enforced in all cases in view of the high cost of materials and shortage of labour. Some municipal committees have not yet demarcated the industrial area in their respective towns. It is stated that sanitary conditions improved to some extent in most of the mica mines in Nellore District. The time for notifying residential areas and industrial areas under section 89 (1) of the Public Health Act was further extended to March 31, 1946. So far only 29 municipalities and 50 panchayats have demarcated these areas. Under the Post-War Plan, the Government have accepted a scheme providing for a public health service, both preventive and curative, for the workers and their families. It is also proposed to set up an organisation for the study and prevention of occupational hazards under the Assistant Director of Public Health with four regional Industrial Health Officers

Special health and nutrition exhibitions were organised during the two big bathing festivals and in Madras during the All-India Teachers' Conference and the Health Week of the City Youths' Union. In these exhibitions

special emphasis was laid on the preparation of unaccustomed foodstuffs in palatable form and on balanced diets worked out at different levels of cost. A scheme for strengthening the work of nurtition studies, survey and propaganda in the province has been accepted by the Government. It provides for an Assistant Director of Public Health (Nutrition) with a central laboratory and four Regional Nutrition Health Officers.

Thirty two lakh cubic feet of compost was manufactured and 15.5 lakhs cu. ft. was sold. The sale of the compost was not encouraging in most centres. To popularise the use and the manufacture of compost, a propaganda film "Need of the Moment" was widely circulated. A further batch of 40 sanitary inspectors are to be trained for two weeks in the manufacture of compost. The Prevention of Food Adulteration Act was extended to another 24 panchayats. In 1945, the Act was in force in 224 local bodies and 46.7% of the samples examined were found to be adulterated as against 41.9% in the previous year. Of the milk samples, 64.2 % were found to be adulterated. Health propaganda was carried on in the usual form during the festivals and other gatherings. Magic lantern demonstrations had to be curtailed due to the non-availability of materials. During the year, 139 talks on health subjects were broadcast on the All-India Radio programmes. Weekly broadcasts on public health conditions in the province were made. The Government have accepted a scheme providing for a separate bureau for health education and publicity in charge of an Assistant Director of Public Health and for the organisation of a Central Health Museum at Madras.

**Coorg**

28. The second reservoir in Mercara, though not quite complete, supplied drinking water during the last quarter of the year. Virajpet water works was nearing completion by the close of the year. During the year 176 bore-hole latrines, 136 pit latrines, 73 trenches, 3 urinals, 81 soakage pits, 658 rubbish pits and 15 wells were constructed. The medical inspection of school children was continued. Among the school children inspected splenic enlargement from malaria and scabies were common and drinking water arrangements in many schools were unsatisfactory. In view of the presence of small pox in the locality, pilgrims to Bhagmandala during Shivaratri festival were prohibited from travelling. Adequate sanitary provisions were made for the festivals and fairs, drinking water was chlorinated and there was no outbreak of, epidemic following any of the fairs and festivals. Health Propaganda was carried on as usual and emphasis was laid on growing and popularising the consumption of vegetables and fruits. A weekly class on hygiene for the benefit of pupil teachers was conducted by the Assistant Health Officer, Coorg, and he also conducted a ten days refresher course in Hygiene for selected teachers from all over Coorg.

**Ajmer-Merwara**

29. Arrangements for providing drainage and water supply systems in Ajmer town were declared by the Government of India to be imperative and are being taken in hand. The sanitary conditions at Deoli are stated to have improved. The sanitary conditions in rural areas continued to be bad as there is no public health staff in these areas. The Government of India has been approached for sanction for the appointment of the necessary staff. A Government weekly dispensary at Sardhana was opened for a period of three months to render medical aid to villagers in Ajmer Tehsil. A similar dispensary has been started at Todgarh in the Merwara sub-division.

## SECTION IV

## MATERNITY AND CHILD WELFARE.

### Introduction.

30. Accurate statistical data relating to maternal deaths are not available. Maternal deaths in rural areas are not recorded as such and maternal mortality rates as reported in the public health reports of the provinces vary greatly ranging from 2.1 to 29 deaths per thousand live births. Special investigations into the causes of maternal deaths show that in towns maternal mortality is high. Maternal mortality rates of Madras, Bombay and Calcutta, on a special investigation, have been found to be 16.8 (1930-31), 24.4 (1936-37) and 8.9 (1937-38) per thousand live births respectively. From these reports, a conservative estimate of the annual number of the deaths among women in the reproductive ages from causes associated with pregnancy and child bearing is about 200,000.

Nearly one half of the total deaths in India takes place among children under ten years and of these, half are among infants under one year. Infantile deaths in recent years have shown a gradual decline, but the reduction has been in the age group of one to eleven months. Neonatal deaths continue to remain high.

In India maternity and child health schemes have been developed largely through voluntary efforts. The Child Welfare Bureau at the Headquarters of the Indian Red Cross Society was established in 1931 and has acted as a Central Organisation for advice, direction and maintenance of these services. Such a voluntary effort is necessarily limited in its scope and resources. During recent years, provincial authorities as well as several public and industrial concerns have awakened to the need of developing maternity and child welfare services under their direct control if they are to improve the health of the mother and the child effectively.

Some of the Provincial Governments have appointed women doctors as technical advisers. The great paucity of trained medical women and health personnel for maternity and child welfare services is a severe handicap in the development and the expansion of these services. The inadequacy of the present maternity and child welfare organisations in the provinces is reflected clearly in the statement that approximately 80 per cent. of the confinements are still conducted by untrained attendants. Since a very high percentage of the births occur at home, the domiciliary midwifery services of midwives should be expanded rapidly. Lack of direction and supervision and of trained midwives willing to adopt themselves to rural life is hindering progress, while the hereditary dai remains an obstacle to the establishment of a domiciliary midwifery service.

There are approximately one thousand maternity and child welfare centres in the country which serve scattered areas each covering a population of eight to ten thousand. Besides the Indian Red Cross, a large number of industrial concerns and the Railways have established maternity and child walfare schemes for their employees. In Madras, Bengal, Punjab and Orissa, schemes for maternity and child welfare services have been started. The other Provincial Governments have under consideration schemes as part of their post-war development.

## 31. REMARKS ON INDIVIDUAL PROVINCES.

### North West Frontier Province

One subcentre at Billidurg in Kohat district was opened in 1945. Seven Maternity and Child Welfare centres under qualified health visitors and three sub-centres in rural areas under trained dais have been functioning throughout the year. The Provincial Red Cross Society with a grant-in-aid from the Provincial Government maintains these centres. The lady assistant to the Director of Public Health inspects these centres from time to time.

Out of 25 pupil dais sent for examination for the District Dais Certificate of the North-West Frontier Province Central Midwifery Board, 21 passed the final examination. Out of 8 pupil Mid wives, 5 passed their final examination from the Provincial Midwifery Training Centre, Peshawar, and received a Diploma in midwifery.

The work of the centres consisted of prenatal and post-natal visits to houses to give advice to mothers, infants and toddlers. In addition, a large number of friendly home visits were paid by the staff. Confinements conducted were 1,488 and 11,986 consultations were given.

*Punjab.*—The Provincial Government is in virtual control of all maternity and child welfare work even though the centres are administered by the Red Cross, District Boards, Municipal Committees, Missions and others. The Province has 124 maternity and child welfare centres working and the Government has sanctioned the opening of 126 new centres, mostly in rural areas. These centres will be maintained by local bodies but Health Visitors will be made available by the Provincial Government.

The Government maintains an inspectorate centre consisting of an inspectress and two assistants. These ladies visit centres regularly and report on them to the Director of Public Health. In all centres, whether the appointment of a health visitor is Provincial or not, the approval of the Director of Public Health is required for the appointment.

The Punjab Health School is a training centre for health visitors. The school is capable of training 37 students annually. Twenty four stipends are available to students taking training in the School. The course of training extends to 10 months. Before entry into the School, the candidates must have obtained midwifery diploma given after two years' training at a recognised hospital. In order to encourage candidates to take this midwifery training Government gives 36 scholarships every year. During the year, 12 students attended the School and obtained Health Visitors Diploma.

The Punjab Central Midwives Board examined 471 (241 urban and 230 rural) candidates for the Trained Dais Certificate. Of these 337 (175 urban and 162 rural) were successful and granted certificates. Refresher courses for trained dais were also given in different parts of the province. The total number of certified dais is 5,052 (2,382 urban and 2,670 rural).

*Delhi.*—The Notified Area Committee maintains four centres one each at Dhaka, Rajpur, Timarpur and a new Centre at Police Lines. In addition, one trained dai was employed for the Civil Lines Area. A qualified doctor has been appointed as Superintendent, Maternity and Child Welfare,

to supervise the work of the centres. Out of 556 births registered in the area, 480 cases were conducted by the staff (72.4 per cent).

*Delhi City.*—Conditions in the city have improved. Cases are booked in advance and receive ante-natal care. The Lady Health Visitor did more home visiting.

*Delhi-Shahadra.*—The welfare centre has a new building under construction.

*New Delhi.*—Progress continues to be satisfactory. Value of the clinics and the centres is being realised and more people are attending the centres. The number of confinement cases has risen from 1,780 in 1944 to 1,949 in 1945. The number of home visits has slightly decreased from 36,121 in 1944 to 34,819 in 1945. Clinic attendance of the ante-natal cases infants and toddlers has increased from 40,708 in 1944 to 41,757 in 1945.

To meet the demands on the maternity and child welfare services, a new centre at Lodi Road has been started during the year. The Babar Road Centre has now been housed in a permanent building. A permanent building for the Thompson Centre is badly needed.

The work in the rural area covers six main centres; six health visitors and twelve dais have been appointed to these centres. Progress of these centres has been very satisfactory. The number of births conducted by the centre staff in 1945 rose to 2,566 as compared with 1,458 in 1944. Attendance at clinics has grown from 36,442 in 1944 to 56,296 in 1945. There has been a similar increase in the numbers of house visit which increased from 17,546 in 1944 to 23,571 in 1945.

*United Provinces.*—The position regarding the availability of candidates for appointment as health visitors and assistant midwives remained unsatisfactory. Shortage of staff is, therefore, responsible for the somewhat stationary condition of this work at present. The number of centres at the end of the year was 349 against 344 in 1944.

*Bihar.*—Maternity and child welfare centres under the auspices of the Bihar Maternity and Child Welfare Society are said to have functioned satisfactorily in the towns of Patna, Monghyr and Arrah. No organisation for maternity and child welfare centre has been developed for the rural areas.

*Orissa.*—The year was marked by rapid progress in this sphere of activities particularly at Puri and Balasore where the centres were provided with suitable buildings and adequate staff to conduct domiciliary mid-wifery services in the whole of the municipal area.

A definite programme of work was drawn up for an efficient service under the supervision of lady doctors of the headquarters hospitals. Centre dais attended 2,820 confinements during the year.

Six maternity and child welfare centres functioned at Cuttack, Berhampore, Sambalpore, Barghat, Puri and Balasore under the management of the local maternity and child welfare committees. Arrangements were in progress to start a maternity and child welfare centre at Aungle. Nine maternity centres carried on their activities at Curapet, Jeypore, Umberkate, Rayaghada, Parlikamedi, Russalkonda, Khurda, Bhadrak and Hathigarh under the supervision of local medical officers. A new maternity centre was opened at Purshotampur.

The Cuttack maternity and child welfare centre remained under the charge of a Woman Sub-assistant Surgeon and a post of Maternity Supervisor in the same grade was created for the centre at Balasore.

Only two out of four posts of health visitors sanctioned by the Government were filled due to lack of suitable qualified personnel.

The Indian Red Cross Society and the Countess of Dufferin Fund played an important role in expanding these services to rural areas. Three trained dais were appointed at Chandwan, Ballikuda and Bingharpur in the Cuttack district for a domiciliary midwifery service. They conducted 200 confinements in the homes and the scheme is said to be gaining popularity.

Dried milk supplied by the Red Cross and multivitamin tablets supplied by the American Mission were distributed to expectant mothers, infants and toddlers attending the clinic at the Cuttack and Berhampore centres. Health propaganda and community welfare services were carried on by the centre staff at Cuttack, Berhampore, Campellpore and Puri. Prenatal, postnatal and infant cards were standardized and issued to all clinics. Standard forms for returns were also distributed to the centres. One woman sub-assistant surgeon was deputed to undergo three months' training in maternity and child welfare centre at the All India Institute of Hygiene and Public Health, Calcutta, and two attended the refresher course at the Main Hospital at Berhampore. A conference of the women doctors was held at Cuttack to acquaint them with the advance made by the maternity and child welfare work and organisation. A midwifery school at Berhampore gave training to ten pupils during the year, while 22 dais were trained under the auspices of the provincial branch of the Victory Memorial School Fund.

*Bengal.*—Thirty maternity centres continued to work during the year. Three new centres were started in 1945. The non-availability of qualified health visitors did not permit expansion to any desired extent.

*Assam.*—The maternity and child welfare organisation in the Province is still mainly in the hands of the Red Cross Society. A proposal for organising maternity and child welfare work under the direction and supervision of the Public Health Department is still pending.

*Central Provinces.*—The proper development of maternity and child welfare services is hindered by the present complicated organisation and administration whereby the local authorities employ health visitors who are paid by the Red Cross which is financed for this purpose to the extent of 82 per cent. by the Provincial Government. It is necessary for the Provincial Government to take over this service of health visitors and improve their present inadequate conditions of service. The role of the Red Cross would then be limited to stimulating local interest in the centres and to collecting funds for the betterment of the services provided. The number of health visitors is totally inadequate and those, that are, received a poor standard of training. The only candidates who come forward for training are midwives of poor upbringing and education. On the recommendations of the Public Health Department, the Government has sanctioned some 20 stipends for midwifery training in the hope that senior school girls of better type will be encouraged to take up health visiting as a career. Government has also sanctioned stipends for training of health visitors in schools outside the Province.

The Health School at Nagpur is badly situated and is in an old-fashioned bungalow with accommodation for only 12 pupils and staff. Negotiations for removing the school to another site with better accommodation are still pending.

The province has 87 maternity and child welfare centres. The need for skilled assistance at child birth has been realized by the people and there is an increasing demand both for maternity homes and for trained dais. In the rural area, however, apart from the few centres now established, maternity and child welfare work is unknown.

The appointment of an Assistant Director of Public Health for Maternity and Child Welfare has been sanctioned and it is hoped a suitably qualified lady will be found; lack of such an officer in the past has had much to do with the present unsatisfactory state of affairs.

*Bombay.*—One health visitor, 8 midwives and one trained dai are working on maternity and child welfare at Sirur Health Unit. All the female staff, who are known as Arogya Sahayikas (women health assistants) received special training for public health nursing in the health unit itself. They paid 14,401 home visits and held 53 clinics while the pre and postnatal and infant preschool visits amounted to 16,131.

*Sind.*—Efforts are being made to provide adequate facilities for the training of personnel for maternity work. It is proposed to establish a training centre for nurses and midwives and one more centre for training assistant midwives is proposed for Karachi. Hyderabad training centre has started to function. With the increased facilities for the training of candidates, it is expected that the handicap of shortage of trained personnel will be greatly overcome.

Five scholarships were made available for candidates for training in midwifery at the Lady Dufferin Hospital, Karachi. Fifteen scholarships were offered for training for candidates as assistant midwives. Two scholarships were granted for Sindhi girls to receive training at the Lady Reading School, Delhi, and one at Bombay.

*Madras.*—Eight new centres were opened in the districts of Coimbatore, Tinnevelly, West Godavari, South Kanara and Prodathur municipality. The total number of centres at the end of the year was 269. New Buildings of approved designs were constructed by the Guntur District Board and Tripur Municipality for centres in their areas.

Four posts of woman medical officer were sanctioned during the year while 19 posts of woman medical officer (maternity and child welfare) remained vacant for want of suitable candidates.

Since the abolition of the licentiate course in medicine from 1938, only woman graduates will be available for appointments. The present starting pay of Rs. 140/- p. m. without an allowance in place of private practice will not be attractive to them and a radical revision of the pay scale is urgently needed. Five new posts of health visitors were sanctioned. The number of sanctioned posts of health visitors under local bodies is 43 of which 8 remained unfilled for want of qualified candidates.

The Government training school for health visitors admitted 25 candidates for training. It is proposed to increase the number of admissions to the school to 100 to meet the requirements of the Department. Three health visitors attended the refresher course held at Poonamallee Health Unit Area.

The women medical officers incharge of maternity and child welfare schemes conducted 8,592 anti and postnatal cases in infant clinics, paid 63,305 home visits and delivered 1,188 health talks.

*Baluchistan.*—The following child welfare centres continued to function throughout the year :—(*i*) Archar Welfare Centre, (*ii*) Indian Military Families Centre, (*iii*) Railway Hospital Centre, and (*iv*) Church Mission Hospital Centre. In addition, midwives are working in different hospitals and dispensaries throughout Baluchistan.

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## SECTION V.

### PORT HEALTH ADMINISTRATION.

32. The health administration of both sea and air ports is reviewed in this section. The sea ports are administered under the Indian Port Health Rules revised and republished in 1938. The Indian Aircraft (Public Health) Rules, 1940, have had a few alterations and additions during the year.

A major amendment to the Aircraft Health Rules was the decision of the Government of India to withdraw recognition of disinsection certificates issued by an authority outside India for the purpose of Rule 9 (*iii*) of Indian Aircraft (Public Health) Rules, 1940. This decision included the non-recognition of certificates granted by the Egyptian and Sudan Health Authorities. The Government of India were not satisfied that the disinsection organisation in the airports in these countries was sufficient to deal with the vast wartime expansion of air traffic.

Somaliland, Tanganyika, Northern Rhodesia, Bolivia, Colombia, Peru and Venezuela were declared to be infected yellow fever areas.

The over all period regarded as necessary for the development of satisfactory immunity against yellow fever after inoculation was reduced from 19 to 15 days in the case of persons: (*i*) who are inoculated in an endemic area, or (*ii*) who entered an endemic area within the first ten days of inoculation. This change was affected as a result of the recommendation of the Yellow Fever Committee held in July 1945.

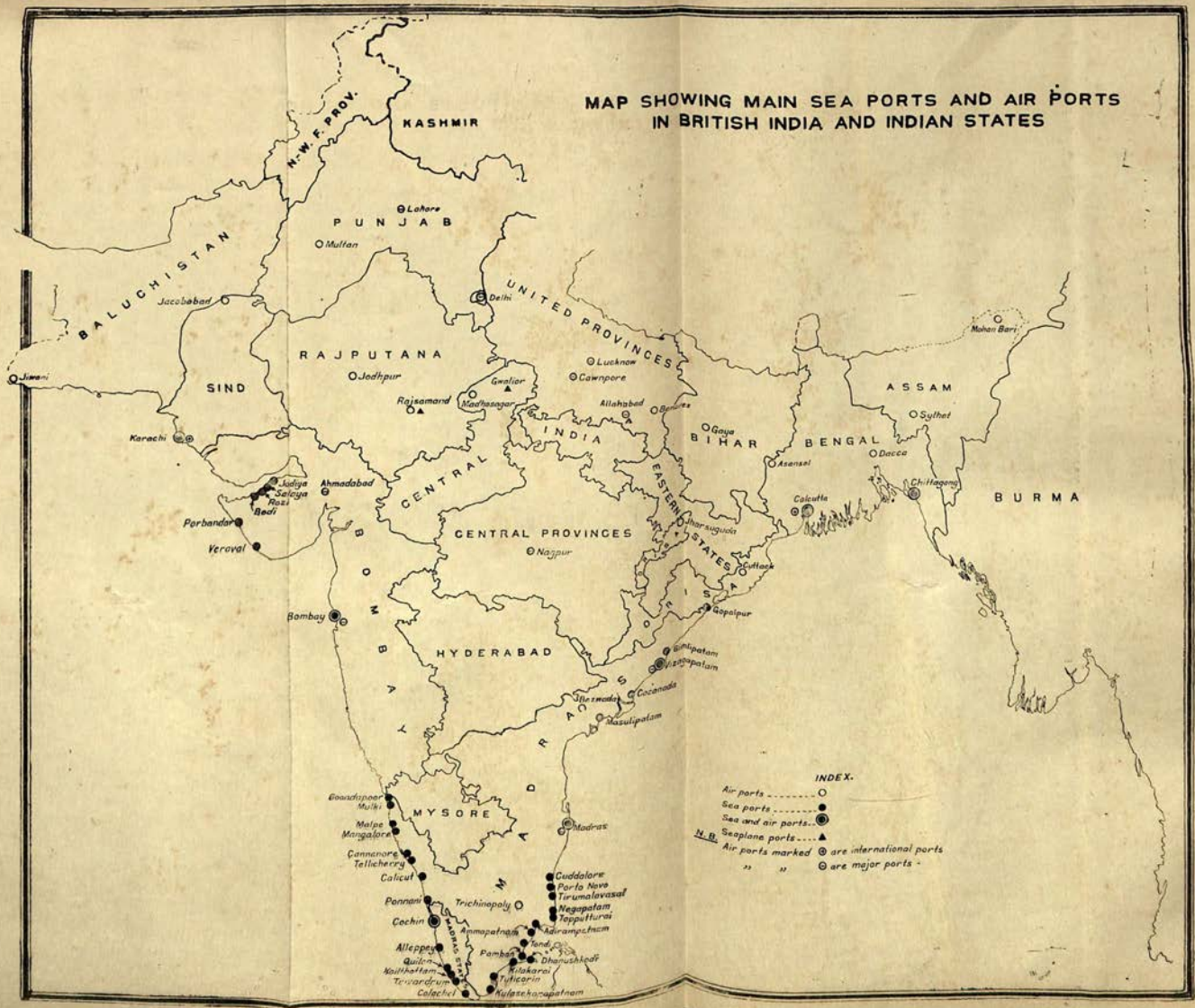
The period of immunity conferred by Rockefeller Foundation vaccine and Wellcome Bureau vaccine was extended to four years.

### The prevalence of Infectious Diseases in the Ports.

33. During the year 1945 the high incidence of cholera and smallpox throughout the country was reflected in a similar high incidence at the ports. Preventive measures are in force in ports with foreign traffic and such measures were efficiently carried out. All passengers and crew leaving India are carefully examined. Figures for infectious diseases cases and deaths occurring at seaports and air ports are given in the statement below—

### Incidence of Epidemic Diseases in 1945.

| | Cholera. | | Smallpox. | | Plague. | |
|---|---|---|---|---|---|---|
| | Cases. | Deaths. | Cases. | Deaths. | Cases. | Deaths. |
| **Seaports :** | | | | | | |
| Calcutta ... | 5381 | 1782 | 9451 | 4162 | ... | ... |
| Bombay ... | 90 | 12 | 627 | 198 | 13 | 5 |
| Madras ... | 53 | 20 | 1053 | 175 | ... | ... |
| Karachi ... | ... | ... | 101 | 15 | ... | ... |
| Chittagong ... | 17 | 8 | 61 | 11 | ... | ... |


MAP SHOWING MAIN SEA PORTS AND AIR PORTS
IN BRITISH INDIA AND INDIAN STATES
N.W.F. PROV.
KASHMIR
PUNJAB
Lahore
Multan
BALUCHISTAN
Jacobabad
Jiwani
SIND
Karachi
Jodiya
Salaya
Rozi
Bedi
Porbandar
Veraval
Ahmadabad
Delhi
UNITED PROVINCES
Lucknow
Cawnpore
Allahabad
Benares
RAJPUTANA
Jodhpur
Rajsamand
Gwalior
Madhasagar
CENTRAL INDIA
CENTRAL PROVINCES
Nagpur
Bombay
BOMBAY
HYDERABAD
Gaya
BIHAR
Asensol
BENGAL
Calcutta
Dacca
Chittagong
Mohan Barri
ASSAM
Sylhet
BURMA
EASTERN STATES
Orissa Sugusha
Cuttack
Gopalpur
Vizagapatam
Cocanada
Bezwada
Masulipatam
Madras
MADRAS
MYSORE
Goandipoor
Mulki
Malpe
Mangalore
Cannanore
Tellicherry
Calicut
Ponnani
Cochin
Trichinopoly
Cuddalore
Porto Novo
Tirumalavasal
Negapatam
Tepputturai
Adirampatnam
Ammapatnam
Tondi
Pamban
Dhanushkodi
Allepey
Quilon
Kaikaram
Tuticorin
Kulastekarapatnam
Calachel
Trevandrum
Kolithattam
INDEX.
Air ports
Sea ports
Sea and air ports
Seaplane ports
N.B. Air ports marked ◎ are international ports
" " ⊙ are major ports -

**Incidence of Epidemic Diseases in 1945 —*contd.***

| | Cholera. | | Smallpox. | | Plague. | |
|---|---|---|---|---|---|---|
| | Cases. | Deaths. | Cases. | Deaths. | Cases. | Deaths. |
| Cochin ... | ... | ... | 68 | 5 | 2 | 1 |
| Vizagapatam ... | 19 | 12 | 381 | 134 | ... | ... |
| Cuddalore ... | ... | ... | 33 | 17 | ... | ... |
| Mangalore ... | ... | ... | 281 | 89 | 15 | 11 |
| Cannanore ... | ... | ... | 210 | 32 | 8 | 4 |
| Tuticorin ... | ... | ... | 47 | 16 | ... | ... |
| Calicut ... | ... | ... | 62 | 14 | ... | ... |
| Masulipatam ... | 4 | 1 | 31 | 6 | ... | ... |
| Tellicherry ... | ... | ... | 39 | 16 | ... | ... |
| Negapatam ... | ... | ... | 64 | 16 | ... | ... |
| **Airports:** | | | | | | |
| Cawnpore ... | 195 | 76 | 184 | 48 | ... | ... |
| Delhi ... | 402 | 74 | 122 | 65 | ... | ... |
| Jodhpur ... | 31 | 9 | 1 | 14 | ... | ... |
| Allahabad ... | 1 | 1 | 15 | 4 | 2 | 1 |
| **Seaports (States):** | | | | | | |
| Alleppey (Travancore State) ... | ... | ... | 89 | 49 | ... | ... |
| Mhuva (Bhavnagar-State), | 2 | ... | ... | ... | ... | ... |
| Veraval (Baroda State) | 1 | 1 | 2 | ... | ... | ... |
| Mandvi (Kutch State) | ... | ... | 50 | 24 | ... | ... |

It will be seen that Calcutta recorded the highest incidence for both cholera and smallpox, Bombay and Madras coming next. The smallpox incidence was well above the average in the other seaports also.

Two major seaports, Bombay and Cochin and two minor seaports Mangalore and Cannanore recorded a few cases of plague during the year.

Amongst the air ports Delhi was infected with cholera. The incidence of cholera and smallpox was below normal in the remaining ports. Only Allahabad airport recorded two cases with one death from plague.

## Port of Bombay.

34. Two passenger vessels and one cargo vessel were found to have cases of chicken pox on board at the time of arrival at the port and these were sent to the Infectious Diseases Hospital, Bombay.

The total number of crew on board the vessels coming via Mombasa from the East African Ports was 5,342; all except 225 were protected against yellow fever. In addition, country craft from East Africa via Mombasa had 163 members of crew on board, 34 of whom were not protected against yellow fever.

Out of the crew and passengers on vessels leaving the port, 759 crew and 13 passengers were not fully protected against smallpox. An endorsement to that effect was made on each bill of health.

During the year, two passengers with four contacts were prevented from sailing as they were found to be suffering from infectious disease at the time of medical inspection. In addition to the passengers and the crew, 2,220 luggage coolies were also inspected.

Clothing, bedding and other personal effects of 4,108 newly joined crew were disinfected prior to their departure from the port.

Among the vessels lying in the harbour there occurred during the year six cases of chicken pox. Bedding and clothing of the crew belonging to these vessels were disinfected.

The Bombay Port Trust undertakes daily rat catching operations by setting traps and treating rat burrows with cyanogas in the dock area. Measures to prevent entry of rats on to vessels are also taken by the Bombay Port Trust, who furnish a certificate to this effect to the Port Health Officer. During the year, 51 ocean going vessels were fumigated. Deratization certificates were issued only to 48 of these as the rest did not require the certificates. Country-craft inspected totalled 4,412 of which 693 were fumigated.

Inspections of Indian crew's provisions on board the ships were carried out and are said to have been generally of good quality. A number of complaints received from the members of the crew of vessels regarding particular items of foodstuffs was investigated and appropriate recommendations made to the Agents.

The pilgrim traffic was small. Medicines and stores on board 5 vessels outward bound and carrying pilgrims were inspected and appropriate certificates issued. One ship carrying 117 pilgrims arrived from Jeddah; condition on board were generally healthy.

An improvement was noticeable during the year in the numbers of crew, especially British, who were protected by vaccination against smallpox. The ideal of 100 per cent. protection is, however, far from being reached. The main factors for this are said to be the permission to conscientious objectors to refuse vaccination and the indifference towards vaccination caused by the general absence of smallpox in British Isles. All Indian crew are fully protected at the time of enlistment.

## Port of Karachi.

35. The total number of incoming vessels was 751 and of country craft 3,172. The numbers of passengers and crew inspected totalled 5,748 and 1,115 respectively. Of these only one vessel arrived with one case of infectious disease, chickenpox, on board.

Outgoing vessels numbered 566 and country craft 1,678. The numbers of the passengers and crew inspected were 18,636 and 21,556 respectively.

One child amongst the deck passengers of an outgoing vessel was found to be suffering from chickenpox. His whole family was prevented from sailing and the child was sent to the Municipal Isolation Hospital.

Newly embarked crew numbering 1,468 of 36 steamers were medically examined and 1,435 boxes, 1,104 beddings, 172 kit boxes belonging to them

were disinfected. A total of 1,078 articles of kit etc. were disinfected for the Naval and Military Authorities.

Four ships were granted deratization certificates and 34 ships were granted deratization exemption certificates after ascertaining the degree of rat infestation by inspection, trapping and baiting. Rat destruction operations were carried out throughout the year on the wharves, jetties and ships. A total number of 6,403 rats were destroyed by trapping and baiting, none of which was found infected.

During the year, provisions and stores for the Indian crew of 43 ships were inspected. The comparative figures for samples of ghee examined during the last four years are given below—

| | No. of samples sent for analysis. | Samples detected not genuine. |
|---|---|---|
| 1942 | 121 | 9 |
| 1943 | 105 | 2 |
| 1944 | 112 | 5 |
| 1945 | 167 | 30 |

Outward pilgrim traffic began on the 24th September and ended on the 28th October and during this period 8 ships started from Karachi with a total of 9,215 pilgrims. The inward pilgrim traffic consisted of six ships bringing 5,604 pilgrims. There was no case of infectious disease on board. All outgoing pilgrims were immunised against cholera and smallpox.

Anti-mosquito operations in the harbour area and the adjoining port trust estates consisting of East Wharf, West Wharf, Marine Air Port, Mansfield Import Yard and Tholeproduce Yard area were carried out throughout the year, under the supervision of the Port Health Officer, by the staff maintained for this purpose by the Karachi Port Trust. The whole Port Trust estate is divided into six parts and one part is inspected every day. All the newly arrived country craft are boarded and inspected for mosquito breeding. Breeding of mosquitoes in the land area is insignificant and the main source of Stegomyia breeding is on the country craft.

Water supply to ships is from the municipal main delivering chlorinated water. Ships are supplied with water from the Port Trust main running along the wharf.

### Karachi Marine Air Port.

33. A distance of about 2½ miles separates the Marine Airport from the inhabited area of the city and there is no habitation in the vicinity. The airport is well equipped, while an efficient mosquito proof isolation room is reserve l for yellow fever suspects pending their removal to the yellow fever isolation hospital at Drigh Road.

During the year under review, 596 civil and 92 military flying boats arrived at Karachi and of these, 116, all B.O.A.C., flying boats, came from or had passed through yellow fever areas All flying boats arriving after the 1st May 1945 were disinsected on arrival at Karachi under instructions received from the Public Health Commissioner with the Government of India.

Passengers and crew inspected during the year totalled 12,567. Of these, 261 came from yellow fever area, of whom 197 were within the 9

days' period from leaving a yellow fever area. Twenty-eight of these passengers did not possess a valid yellow fever inoculation certificate and, consequently, were isolated at Drigh Road.

A total of 495 members of crew out of 3,176 came from a yellow fever area within 9 days and all were satisfactorily protected against yellow fever by inoculation. Military flying boats, totalling 92, arrived at Korangi Creek from the United Kingdom. These carried 879 crew and 21 passengers all of whom were medically examined on arrival. These flying boats did not travel from yellow fever areas, had complied with the Indian Port Health Rules and were, therefore, not disinsected.

All passengers and crew leaving Karachi, on outgoing flying boats, were medically inspected and bills of health granted to each flying boat after inspection. The outgoing flying boats numbered 621 of which 593 were west bound and 28 south bound (Karachi to Australia). These carried a total of 3,332 crew and 8,240 passengers.

In view of the fact that Karachi Marine Airport is the port of entry for all flying boats coming to India from the West, including those from the yellow fever areas in Africa, vigorous anti-mosquito measures on the lines already described for Karachi Seaport were carried out in and around the vicinity of the airport and the whole of the harbour area.

Water supply is from the Karachi Municipal Water Works distributing chlorinated water.

## Air Port Karachi.

37. During the year 1945, all land aircraft, military and civil, coming from places West of Karachi were disinsected immediately on arrival. Two aircraft overflew Karachi, one direct to Delhi and the other to Calcutta. These places as well as the Public Health Commissioner were informed immediately by wire to take action with regard to the checking of the plane, the crew and the passengers as well as disciplinary action for infringement of the Rules.

All passengers and crew are checked for their immunity state against yellow fever and their previous movements with regard to their risk of exposure to yellow fever infection. All non-immunes who had been exposed to infection were placed in quarantine.

The enormous increase in air trooping at the three airfields, Karach Air Base, Mauripur Airfield and Drigh Road R.A.F. Airfield caused a big increase in the volume of quarantine work. This necessitated the employment of augmented health staff, and the Government of India sanctioned for this purpose one Deputy and ten Assistant Airport Health Officers with additional subordinate staff.

The yellow fever isolation hospital at Karachi Air Base, is a mosquito proof hospital, complete in every respect and has six wards of two beds each. A fully equipped bacteriological laboratory is also provided. A small library with over one hundred books has been added. A mosquito proof ambulance is available for the conveyance to hospital of persons requiring isolation.

For purposes of anti-mosquito work in Drigh Road Area all waste water was disposed of, as far as possible, by underground soakage. A

number of fire fighting water tanks existed in the area but these were stocked with Gambusia fish, so that no breeding should take place in them.

Camps at Mauripu Airfield had grown due to the extensive building programmes to provide for R A.F. transit quarters, and a special trooping centre. Disposal of waste water in this area remained unsatisfactory. Anti-mosquito measures, including canalization, were regularly carried out.

No outbreak of infectious disease took place during the year amongst the civil and military population of the air fields.

Persons placed in quarantine during the year totalled 222.

**Port of Calcutta.**

38. During the year 1,974 vessels entered the port of Calcutta as against 1,735 in 1944. One had a case of chickenpox amongst the European crew. No other case of infectious disease was detected.

Outgoing vessels numbered 1,938 as against 1,727 in the preceding year. Of these, 910 vessels going to ports outside India were inspected. The number of passengers and the crew were 4,986 and 54,689 respectively.

Amongst the vessels in harbour, 4 cases of infectious diseases, 2 small-pox and 2 cholera occurred during the year. All necessary precautionary measures were taken.

Measures to prevent ingress of rats into vessels were enforced and 221 vessels were checked. For 22 vessels, new rat guards were procured locally and in 199 vessels improperly fixed and defective guards were corrected. In accordance with the rule 61 of Indian Aircraft (Public Health) Rules, 1938, 49 deratization certificates and 173 deratization exemption certificates were issued against 56 deratization certificates and 110 deratization exemption certificates in 1944. Sulphur fumigation was the method used and 1,002 rats were recovered.

Inspection of provisions for Indian crew resulted in the condemnation of ten bags of rice and five bags of flour as unfit for consumption. At the request of the shipping companies, 5,249 lbs. of rice, 8,064 lbs. of meat, 4,912 lbs. of flour, 520 bags of skimmed milk powder, 77 bags of tinned milk and two bags of oat-meal, all cargo, were inspected and condemned as unfit for human consumption.

There was no pilgrim traffic during the year.

Antirat measures on shore are carried out by the Calcutta Port Commissioners. The total number of rats caught was 5,569 of which 2,133 were examined, and none was found to be infected with plague.

Antimosquito measures on shore and on vessels were in operation. Altogether 11,837 vessels were inspected and breeding was detected on 495.

Water supply to vessels was from water boats and barges. Chlorination of water in these boats and barges is done under the supervision of the Port Health Officer and samples of water are collected and tested regularly.

### Calcutta Marine Airport.

39. The Marine Airport located at Bally Bridge, is within the limits of the Port of Calcutta. Airplanes at the Marine airport are inspected by the Port Health Officer, Calcutta and his staff. No cases of infectious disease were detected during the year.

### Dum Dum Aerodrome.

40. War time needs caused an all round expansion of the aerodrome. The whole area is generally fitted with a water carriage system but soakage pits are, however, still in use in some areas.

No case of infectious disease occurred in the airport area.

Central Government employees on the aerodrome were vaccinated and inoculated free of cost. The work of the Airport Health Department was under the supervision of the Port Health Officer, Calcutta, who, with his staff, frequently assisted the Airport Health Officer in his inspection work since the introduction of a daily night service to and from China.

The total number of aircraft inspected was 739, while the passengers and crew numbered 8,121 and 2,086 respectively.

Water is supplied from three tube wells with over-head reservoir tanks. Periodical samples taken for bacteriological examination proved satisfactory.

Anti-mosquito measures consisted in surveying and mapping out actual and potential breeding places, spraying of all buildings twice a week with Pyrocide 20 mixture and oiling of all water collections. The military authorities on the aerodrome arranged their own mosquito control measures and thereby supplemented the work of the Airport Health Department.

### Port of Madras

41. All incoming vessels numbering 693 were inspected. Four ships arrived infected, one with cholera, one with smallpox and two with chickenpox. Necessary preventive measures were taken in each instance.

The crew and the passengers inspected numbered 52,421 and 36,270 respectively. The out-going vessels totalled 682 of which 135 vessels leaving for foreign ports were inspected before departure. No case of infectious disease was found amongst the 7,855 crew and 204 passengers inspected on these vessels.

Anti-mosquito measures are undertaken by the Port Trust and the mosquito nuisance has been much reduced.

Drinking water to ships is supplied from Corporation mains through Port Trust reservoir tanks. Water barges are regularly cleaned and kept in sanitary condition.

### Port of Vizagapatam.

42. During the year 63 ships arrived, of which 61 were inspected Three were found infected, one with a case of smallpox, one with a case of chickenpox and the third with two cases of chickenpox.

Sixty of the 63 vessels leaving the port were inspected. The number of passengers and the crew inspected on these vessels totalled 169 and 4,432 respectively.

Anti-mosquito measures were conducted in an area of about 2,350 acres including 1,600 acres under tidal influence. Anti-larval measures with larvicidal fish, oiling, Paris greening, spraying with D. D. T. mixtures were all undertaken.

All drinking water is chlorinated and regular bacteriological tests are undertaken.

**Port of Cochin**

43. During the year 461 vessels and 1,356 country craft arrived at the port. Of these 242 vessels and 299 country craft from foreign ports were inspected. The numbers of passengers and crew inspected were 1,204 and 15,336 respectively.

During the year two ships were found infected on arrival. One of these ships arrived from Calcutta with a case of smallpox. Except 6 all the crew had been vaccinated just before leaving Calcutta. The case was isolated and necessary disinfection of the ship carried out. The other arrived from Madras and had disembarked a case of chicken-pox there. The passenger and crew were inspected and found free of infection. The ship was disinfected.

Outgoing vessels numbered 462 and country craft totalled 1,367. Of these 221 vessels and 26 country craft, going to foreign ports carrying 975 passengers and 14,578 crew were inspected.

One case of chickenpox occurred on board a vessel in the harbour.

Water supply to ships is obtained from Chowan Water Works and delivered through over-head tank reservoir in the Willingdon Island. Water is taken to the ships by water barges.

In Willingdon Island a regular anti-rat campaign under the supervision of the Port Health Officer is undertaken with systematic trapping and baiting. While 1,016 burrows were fumigated with cyanogas. rats destroyed were 29,635. Of these 273 were examined and 32 were found infected with plague.

Anti-mosquito measures on the usual lines were undertaken on shore and on both country craft and barges.

**Port of Chittagong**

44. The port was demilitarised with effect from 1st October 1945 ; still it was under military control to all intents and purposes.

Seven cargo vessels from foreign ports with 364 crew were inspected during November and December 1945. There were no cases or deaths from infectious diseases on such vessels.

29 out-going cargo vessels with 1,634 crew were inspected. One captain of the ship was found suffering from dysentery. He was prevented from sailing. No arrangements exist at this port for inspection of the vaccinal condition of the crew or the passengers nor for disinfection, isolation and inspection of lascars provisions

Sanitation of the port area was good during the year. No anti-rat measures are undertaken except the maintenance of a 3 ft. distance between the ships and the wharfs and the use of Concav-Convax rat guards used on ropes and howsers by the Masters of the ships. No anti-mosquito measures, except those taken by the military, so long as the port was under their control were undertaken. No arrangements exist for undertaking such measures.

Ration supplied by contractors to L. V. Thibow were inspected on two different occasions and once on S. S. Empire Beyunge.

Filtered and chlorinated water was supplied to the ships from the Chittagong Municipal Water Works and filtered water was also supplied from the B. A. Ry. Water Works.

Five European and 27 Asiatic seamen were treated in the Chittagong General Hospital, as against seven European and 68 Asiatic seamen treated in the hospital during 1944.

## SECTION VI

## HEALTH ADMINISTRATION ON INDIAN RAILWAYS

45. In India the Indian Railway administrations continue to be the largest employers of labour. During the years the numbers of employees increased considerably to meet the much larger demands of wartime. The health services for the railway population were maintained, on the whole, at a satisfactory level of efficiency inspite of the heavy strain on account of military traffic. The military collaborated with the railway authorities in carrying out preventive health measures on railways. The incidence of infectious diseases like cholera, smallpox and plague was light in the railway population inspite of their wide prevalence among the general population. The problem of malaria on the railways was tackled in the customary manner. The activities in this direction were handicapped by the shortage of pyrethrum. D. D. T. was used by the military in connection with their own traffic but it could not be made available for general use. It is anticipated that it will be possible to use it extensively next year and that, on the basis of the experience of the military, its use will bring down the cost of antimalaria operations.

An increased incidence of sickness was recorded during the year in all the Railways except N. W. Railway and E. I. Railway. A portion of this observed increase must be ascribed to the considerable expansion in the railway staff. Other contributory factor may have been the high cost of foodstuffs which resulted in the staff having to content itself with poorly nourishing foods, while due to war exigencies the call on their energies was more taxing. Some difficulty was experienced in obtaining supplies of medical stores. The Government Medical Stores were unable to cope with the demand and considerable quantities of stores had to be procured from outside.

In addition to providing medical aid to the railway employees and their families, the medical departments of the railways look after a large amount of preventive health work amongst the railway population. This includes antimalaria operations, precautionary measures against the spread of infectious diseases particularly on occasions of fairs and festivals, control over water and food supplies, the development of maternity and child welfare centres, the training of the staff in first aid, home nursing, and ambulance work and the maintenance of general sanitation of the railway colonies. The control of the conservancy staff in the railway premises is now increasingly being transferred from the Transportation Department to the Medical Department.

In the following paragraphs the health activities of the Medical Departments under the above heads are briefly described. The remarks are based on the administration reports of the Chief Medical Officers of the various railways for the official year 1944-45.

### North Western Railway

46. The total number of employees treated in the railway hospitals and dispensaries were 320,373 as against 320,857 in the previous year. There were 106 cases of smallpox, and 34,910 cases of malaria among the employees treated this year. Malaria prevailed in an epidemic form in Lower Sind. Its incidence was high in Lahore and Rawalpindi divisions. The synthetic antimalaria specifics were used almost to the exclusion of

quinine and were found to be effective in lowering the relapse rate. In co-operation with the military medical authorities, anti-mosquito measures were extended to many more stations. Minor antimalaria engineering works were carried out in Lahore Division. Laboratory work included the examination of disinfecting fluids by Rideal Walker Test and experiments on D. D. T.

The medical Branch was put in charge of sanitation and executive control of conservancy staff at all the larger Railway Colonies. This included station offices, platforms and yards in the case of larger stations. The number of holders of First-Aid Certificates, Vouchers and Medallions and Labels increased to 17,035 as against 15,260 in 1941. With the opening of three new Ambulance Divisions this year, there were a total of 27 Ambulance Divisions and 8 Nursing Divisions with strengths of 993 and 150 respectively. The decrease in the strength this year was due to transfers of members to stations where there are no divisions and failure to take the annual re-examination. In 23 Child Welfare Centres and sub-centres under the Child Welfare Association, 90,469 home visits and 98,462 Centre visits were recorded. Trained Dais under the supervision of Health Visitors and Nurse Dais conducted 1313 confinements. A grant of Rs. 38,000 was made to the Association by the Staff Benefit Fund, N. W. Rly.

**Bombay, Baroda and Central India Railway.**

47. During the year the total number of employees treated was 236,044 as against 223,760 in the previous year. The slight rise in the number of sick cases does not appear to be due to any specific disease. There was no epidemic during the year. There were 29,642 fever cases of which 18,372 were due to primary malaria. This year the ratio of malaria cases to the strength of the staff was 24.2% as against 30.5% in the preceding year. The routine anti-malarial measures were carried out by the Medical and Engineering Departments. Under a scheme free spectacles were supplied to 128 members of low paid staff. The workshop employees handling lead paint were examined medically every quarter. Out of 950 such employees, 80 had spongy gums, 52 inflammation of gums, 6 had anaemia and 7 dermatitis of hands. These were treated.

Under the auspices of the St. John Ambulance Association, 23 First Aid classes and 4 Home Nursing classes were held during the year. Certificates awarded in First Aid totalled 126 and in Home Nursing 24, bringing the total awards to 6515 First Aid certificates, 688 vouchers, 142 medallions, 49 labels and 108 home nursing certificates

**Madras and Southern Mahratta Railway.**

48. Medical and preventive measures worked reasonably satisfactorily inspite of the exacting requirements at stations and refreshment rooms in connection with military traffic. A moderate scarcity of medical stores and other necessities was experienced. Their costs continued to be high. The system of indenting on Government Medical Stores worked satisfactorily. D. D. T. could not be made available for use this year, only the military used it in rakes set aside for their use.

Sick certificates issued during the year totalled 47,989. This is 12.3% in excess of the number issued during the preceding year but it may be borne in mind that the strength of the staff too increased this year by 6.9%.

Although there was a heavy outbreak of the epidemic diseases of cholera, smallpox and plague in the areas through which the Railway runs, their incidence in the railway population was very light. There were only 17 cases of cholera and 319 cases of smallpox among the employees and their dependants of which 11 and 172 respectively were living outside the railway premises. Of these 3 died from cholera and 3 from smallpox. There were 12 cases of plague of which none died. Anti-cholera and anti-plague inoculations were 12,271 and 4,680 respectively. Primary vaccinations and revaccinations totalled 11,097. The epidemic of malaria which had started towards the close of 19 3 due to unprecedented rains in Madras and Bombay Presidencies continued during 1944. Inspite of vigorous anti-malarial measures, 15 stations suffered badly. There were 4,118 cases amongst employees and their dependants living at these stations, of which nearly one-third were living in railway quarters. In the absence of pyrethrum, lethane was used. The Chief Medical Officer states that for minimising the incidence of malaria it is essential to have effective co-operation between other Sanitary and Health Departments and the Railway. During the year, 1,739 employees were examined for leprosy ; 14 positive cases were detected.

The system of medical examination of railway school children and the maintenance of medical records continued to work satisfactorily. The Staff Benefit Fund renewed the grant of Rs. 100 for the free supply of spectacles to staff drawing less than Rs. 40 P. M. Considerable difficulty was experienced in keeping up supplies of Liquid Chlorine and hence the standard of purity of water supply at stations where Chloronomes were installed could not be satisfactory. In January 1943, the underground sewage system in the Perambur Workshop areas had to be changed to dry system and this system continued during the year in view of the inadequate watersupply. Candidates trained in First Aid under St. John Ambulance Association and the Railway A. R. P. Scheme totalled 471 of whom 227 obtained certificates while 11 qualified for vouchers and 1 for label.

## South Indian Railway.

49. During the year 77,269 employees were treated showing an excess of 18% over the number in the preceding year. This increase is considered to be partly due to an increase in the strength of the staff and the exacting conditions of work on account of war conditions. Restriction in train services rendered it difficult for the subordinate Medical Staff to attend on sick cases within a reasonable period of time. Inadequacy of relieving staff and the consequent strain on the existing staff may have increased to some extent the sickness rate. Scabies prevailed in an epidemic form and was responsible for much sickness. Influenza seems to have been a major cause of sickness, 10,128 cases being treated during the year. There was practically no cholera or plague in the railway population. There were 195 cases of smallpox of which 128 were living in the railway premises. Twelve cases of tuberculosis were sent to sanatoria. It is felt that considerable improvement is needed for early diagnosis and adequate treatment of this disease. Malaria was on the increase in four sections of the railway and active measures were taken to combat the disease.

The sanitation of station premises continued to be controlled by the Transportation Department but under the supervision of the Medical Department. In post-war planning, the sanitation of station premises and colonies will be brought under the Medical Department according to the

Railway Board's orders. Besides the two Health Inspectors, Sanitary Inspectors have been appointed at a number of stations. District Sanitary Committees, Sanitary Sub-Committees and Station Sanitary Committees have been formed in each Engineering District to exercise general supervision and to offer advice on sanitary matters. The sanitation in all the colonies is stated to have been maintained at a reasonably high level. The Health and Welfare Centre at Golden Rock continued to be popular. Six more centres are proposed to be started. Under the supervision of the lady doctor, milk at concession rates was provided to children below 5 years of age of employees drawing less than Rs. 40 per mensem. Her Excellency Lady Hope inspected the Health and Welfare Centre. Her Excellency appreciated the work done at the centre and evinced keen interest in the arrangements for milk distribution. During the year, 36 employees including one officer passed the examination in First Aid. The water supply arrangements were satisfactory.

**Great Indian Peninsula Railway.**

50. The total number of employees treated at the Railway Hospital. and Dispensaries was 233,563 as against 197,710 in the preceding years There were some cases of epidemic diseases in the railway population this year. The records show 799 cases of smallpox, 147 of cholera and 33 of plague. Vaccinations were 21,188. 16,569 anti-cholera and 8,031 anti-plague inoculations were given. Malaria cases totalled 16,181. Besides the usual anti-malaria measures, special measures were taken at Satara Nalla and Bina. The section between Chandni—Mandwa was surveyed by the Malariologist of the B. N. Railway in February 1945 and arrangements are being made in collaboration with the Engineering Department to implement the recommendations based on the results of the survey. A sub-P. W. I. has been posted and Mepacrine tablets have been supplied for treatment. A meeting between the delegates of the Central Command and the Chief Medical Officers of several railways was held in Poona in January 1945 with a view to co-ordinate measures concerning the health of troops travelling by rail. Malaria problem was considered particularly. Necessary action on the recommendations of the Committee is being taken.

Four hundred employees and 211 families were given anti-rabic treatment. Eighty-two classes in First Aid and one class in Home Nursing were held. The total number of holders of First Aid Certificates, Vouchers, Medallions and Labels was 10,057. The XVI G. I. P. Railway District, St. John Ambulance Brigade Overseas had a strength of 776 men and 74 Ambulance Sisters. The infant mortality rate per 1,000 live births within railway premises was 43.7. The infant welfare and maternity centres at Manmand, Bhusawal and Jhansi continued to function during the year. The records show 7,511 home visits and 32,351 attendances at the clinics at these centres. The centre staff conducted 376 confinements. The system of medical examination of railway school children and the maintenance of medical records continued to work satisfactorily. The provisions of the Hazardous Occupation Rules (Lead Rules) 1937 were carefully observed. Fifty three railway municipalities and the Jhansi Railway Settlement Notified Area continued to function satisfactorily.

**East Indian Railway.**

51. During the year 146,292 employees were treated at the various hospitals and dispensaries maintained by this Railway, as against 159,895

in the preceding year. Cholera cases reported were 172 and smallpox cases 374 with 3 deaths. A disturbing factor is that many of the cases of smallpox occurred among recently vaccinated employees, which probably accounts for the small number of deaths. Careful enquiries revealed no case of post vaccinal complications. Malaria cases treated this year were 44,996 as against 46,042 last year. Shortage of stains and slides prevented accurate diagnosis. There seems to have been some ill-informed prejudice against the use of synthetic anti-malarials in certain classes of people. This year 995 cases were treated in the anti-rabic centres. Supplies of medical stores continued to be unsatisfactorily provided. The stock of anti-malarial drugs was sufficient.

**Oudh and Tirhut Railway.**

52. The Medical Department experienced considerable difficulty in obtaining supplies of drugs. The Government Medical Stores could not meet all the requirements, and purchases had to be made from outside. A severe epidemic of cholera prevailed in the North Bihar area but owing to mass prophylactic inoculation of railway employees and their families, cases amongst them were very few. In-patients treated in railway hospitals totalled 2,605. Employees declared unfit for further service were 248 in a total strength of 38,300 members of staff. Anti-rabic treatment was given in 149 cases. In accordance with the instructions of the Railway Board chemical analysis of mustard oil and ghee was started at the Gorakhpur Pathological Laboratories.

**Bengal and Assam Railway.**

53. The total number of employees treated in the Railway Hospitals and Dispensaries during the year was 371,663 as against 332,696 in the previous year. There was an increase in sickness from diarrhoea, dysentery and other intestinal diseases. Cases of diarrhoea and cases of dysentery treated this year were 15,994 and 10,044 as against 6,511 and 7,500 respectively last year. Seventy-nine cases of cholera and 564 cases of smallpox were recorded during the year. The incidence of malaria was lighter this year, 41,190 cases being treated as against 45,251 in the previous year. This reduction is believed to be due to improved control measures which were assisted by the military authorities. D. D. T. was made available by the military and was used for residual spraying. Owing to the shortage of pyrethrum, spraying of houses could not be carried on to the necessary extent. The usual anti-malarial measures were adopted. In hyperendemic areas, mainly in Assam, the essential staff was given suppressive treatment with quinine. There was an increase in the incidence of influenza but there was no epidemic. Fifty-one employees were invalided on account of tuberculosis. A post-war anti-tuberculosis scheme has been sent to the Railway Board for consideration.

A well-equipped special analytical section for food analysis was established this year.

**Bengal-Nagpur Railway.**

54. There was increased incidence of epidemic diseases; during the year with 428 cases and 48 deaths from smallpox, 165 cases and 35 deaths

from cholera, and 12 cases and 2 deaths from plague being reported. vaccinations performed were 98,466 while 14,678 anti-cholera and 1,455 anti-plague inoculations were given. Epidemic dropsy cases reported totalled 127 Anti-rabic treatment was given to 155 persons. Eleven new cases of tuberculosis were admitted in the Pendra Road Sanatorium. A grant of Rs. 5,166 from the Staff Benefit Fund was sanctioned for treatment and relief to employees suffering from tuberculosis A sum of Rs. 12,423 was also sanctioned by the Fund for relief to employees during sickness and convalescence.

An outbreak of malaria in epidmedic form was reported from Bhadrak in November. The incidence of the disease was the highest since control was instituted in 1933. The weed-belts in Chilka Lake formed very early this year and to such an extent that it was quite impossible to clean them. They were, however, largely dispersed by gales. From August, the railway took charge of malaria operations in the four collieries in the Korea coal fields with staff seconded to the Labour Department. The work has been very heavy. Chirmiri station was dealt with by larval control and spray control was stopped. Anti-malaria measures at the several stations were carried on as usual. As directed by the Medical Department, necessary medical and sanitary arrangements were made by the contractors for the labour employed for construction and doubling works at different sections of the railway. Particular attention was paid to the safe drinking water supply specially during the epidemic season.

## SECTION VII.

## HEALTH OF JAILS IN BRITISH INDIA.

### General

55. The figures given in tables (*i*) to (*iv*) below relate to all classes of prisoners in the different provinces of British India. In the appendix is given a table showing sickness and mortality of all classes of prisoners in District and Central Jails in India. This tables does not contain data relating to temporary and sub-jails as do tables (*i*) to (*iv*). With the defeat of Japan, Andamans was restored to the Government of India. It has ceased to be a penal settlement and hence it is no longer necessary to deal with this island in this section.

### Population, Accommodation and Overcrowding.

56 The following table gives information regarding the authorised accommodation excluding hospitals and observation cells and the average daily population of prisoners in Jails in each province for the year 1945. The corresponding figures for 1944 have also been included for purposes of comparison.

Table (I)

| Province. | Authorised accommodation excluding hospitals and observation cells. | | Average Daily Population. | | Number of persons per hundred units of authorised accommodations. | |
|---|---|---|---|---|---|---|
| | 1944 | 1945 | 1944 | 1945 | 1944 | 1945 |
| NORTH-WEST FRONTIER PROVINCE | 4924 | 4951 | 5231 | 4193 | 106 | 85 |
| PUNJAB | 14855 | 14855 | 19372 | 18970 | 130 | 128 |
| UNITED PROVINCES | 34205 | 34308 | 33892 | 30429 | 99 | 89 |
| BIHAR | 21338 | 17232 | 20866 | 16688 | 98 | 97 |
| ORISSA | 2390 | 2609 | 2754 | 2308 | 115 | 88 |
| CENTRAL PROVINCES | 8838 | 8251 | 6522 | 5267 | 74 | 64 |
| BOMBAY* | 17198 | 16988 | 13796 | 11628 | 80 | 68 |
| SIND | 9171 | 9411 | 8556 | 9424 | 93 | 100 |
| MADRAS | 231752 | 3175 | 21012 | 19076 | [91 | -82 |
| ASSAM | 4745 | 4190 | 3998 | 3740 | ł84 | ł89 |
| BENGAL | 16905 | 18991 | 20889 | 19022 | 124 | 100 |

* Including Borstal School Dharwar.

The authorised accommodation increased slightly during the year in Bengal, United Provinces, Orissa and Sind. The last two columns give the number of persons per hundred units of authorised accommodation. It will be seen that in 1945 the average daily population did not exceed the authorised accommodation in any of the provinces except Punjab. There overcrowding continued in all the different classes of jails. Temporary camps inside certain jails relieved congestion to a great extent.

There was frequent overcrowding in many of the sub-jails and in a few of the central and district jails in Bihar but there has been a gradual and marked fall in the provincial jail population. The decrease in the total accommodation was due to the closing down of certain temporary jails. In Orissa, there was overcrowding in many subjails but there was no congestion in the district jails. Steps were taken to relieve congestion in sub-jails by transferring convicts to other jails where accommodation was available. In Central Provinces there was overcrowding in almost all the wards of the sub-jails and the Borstal Institute at Narsinghpur during the first quarter of the year. The decrease in the authorised accommodation was due to the conversion of some of the temporary barracks into permanent ones having not been proceeded with on account of the fall in the jail population. Hyderabad Central Prison in Sind, continued to be overcrowded,

There was overcrowding in almost all the jails in Assam. This overcrowding was mainly due to the admission of a large number of undertrial prisoners. The jail at Gauhati was overcrowded throughout the year. Some of the smaller jails remained overcrowded throughout the year and some for the major portion of the year. The larger jails at Sylhet and Tezpur and the smaller jails at Silchar and Sibsagar remained completely free from overcrowding. The overcrowding that existed in N.-W.F.P. in 1944 was relieved in 1945 due to the decrease in the prison population mainly on account of the general releases on "Japan Victory Day" and the raising of a labour corps of prisoners. Due to the decrease in the prison population in Bombay, it was found unnecessary to use verandahs and factory sheds, as was done in the previous year.

**Sickness and Mortality.**

57. Table (*ii*) gives the average daily number of sick and constantly sick rate per 1,000 of the average daily population.

**(Table II)**

| Province. | Average number of constantly sick. | | Constantly sick rate per 1,000 of average daily population. | |
|---|---|---|---|---|
| | 1944 | 1945. | 1944. | 1945. |
| North-West Frontier Province | 142 | 115 | 27 | 27 |
| Punjab | 492 | 487 | 25 | 26 |
| United Provinces | 768 | 742 | 23 | 24 |
| Bihar | 798 | 610 | 38 | 37 |
| Orissa | 103 | 84 | 37 | 36 |
| Central Provinces | 161 | 104 | 25 | 20 |
| Bombay* | 226 | 176 | 16 | 15 |
| Sind | 203 | 265 | 24 | 28 |
| Madras | 266 | 184 | 12 | 10 |
| Assam | 121 | 84 | 30 | 22 |
| Bengal | 986 | 773 | 47 | 41 |

* Including Borstal School, Dharwar.

The highest sick rate was shown by Bengal Bihar and Orissa this year again. Madras showed the lowest rate. Bengal Central Provinces and Assam showed a marked decrease in the sickness rate this year as compared to last year. The rate in Madras decreased from the figure of 12 to 10. The increase in the rate was pronounced in the case of Sind.

In table (*iii*) are given the annual hospital admissions and total deaths in the jail population. The admission rate and death rate per 1,000 of the average daily population have also been shown.

**Table (III)**

| Province. | Admissions Number. | | Rate per 1,000 of average daily stre-ngth. | | Deaths Number | | Rate per 1,000 of average daily strength. | |
|---|---|---|---|---|---|---|---|---|
| | 1944 | 1945 | 1944 | 1945 | 1944 | 1945 | 1944 | 1945 |
| North-West Frontier Province | 4001 | 2626 | 765 | 629 | 46 | 41 | 9 | 10 |
| Punjab | 18159 | 15330 | 937 | 808 | 147 | 146 | 8 | 8 |
| United Provinces | 21165 | 18151 | 624 | 597 | 285 | 284 | 8 | 9 |
| Bihar | 12966 | 9433 | 621 | 565 | 426 | 227 | 20 | 14 |
| Orissa | 2387 | 1654 | 867 | 717 | 33 | 35 | 12 | 15 |
| Central Provinces | 3995 | 2928 | 613 | 556 | 91 | 57 | 14 | 11 |
| Bombay | 11411 | 8670 | 827 | 746 | 112 | 89 | 8 | 8 |
| Sind | 11478 | 12237 | 1342 | 1298 | 221 | 161 | 26 | 17 |
| Madras | 5197 | 3894 | 247 | 204 | 213 | 253 | 10 | 13 |
| Assam | 1890 | 1573 | 473 | 421 | 134 | 68 | 34 | 18 |
| Bengal | 32245 | 26735 | 1544 | 1405 | 604 | 295 | 29 | 15 |

In every province the admission rate was lower this year as compared to last year. High rates were shown by Bengal, Sind, Punjab, Bombay and Orissa as before. Madras showed an exceptionally low rate. Very considerable reduction in death rate was shown by Bengal, Sind, Bihar, Assam and Central Provinces. Only the provinces of Orissa and Madras showed an appreciable increase in the death rate. The highest death rate was recorded by Assam and Sind this year again and the lowest rate was shown by Bombay, Punjab and United Provinces. Tables (*ii*) and (*iii*) considered together give an indication of the average duration of sickness as this roughly equals man sick days divided by admissions. On this basis it is seen that the jail population in all the provinces with the exception of Assam, Central Provinces and Bombay experienced a higher average duration this year. In Assam this average decreased from 23 to 19.

Table (*iv*) gives the percentage of prisoners who at the time of their discharge from jail showed an increase or decrease in weight and those whose weight remained stationary.

Table (iv)

| Province. | Gained weight. | | Stationary | | Lost weight, | |
|---|---|---|---|---|---|---|
| | 1944 | 1945 | 1944 | 1945 | 1944 | 1945 |
| North-West Frontier Provinces | 45 | 46 | 42 | 41 | 13 | 14 |
| Punjab | 43 | 41 | 48 | 50 | 8 | 9 |
| United Provinces | 53 | 52 | 37 | 37 | 11 | 11 |
| Bihar | 46 | 48 | 42 | 39 | 12 | 14 |
| Orissa | 74 | 76 | 18 | 15 | 8 | 10 |
| Central Provinces | 62 | 62 | 30 | 30 | 9 | 8 |
| Bombay | 43 | 41 | 37 | 41 | 20 | 19 |
| Sind | 50 | 50 | 19 | 20 | 31 | 30 |
| Madras | 61 | 66 | 33 | 31 | 6 | 3 |
| Assam | 52 | 52 | 29 | 33 | 18 | 15 |
| Bengal | 47 | 41 | 32 | 40 | 21 | 19 |

It will be seen that in many provinces the majority of convicts gained weight during their stay in the jail. The percentage of such prisoners was the highest in Orissa. In Madras and Central Provinces too it was quite high. In Madras the percentage of prisoners who gained in weight increased perceptibly during the year while in the case of Bengal there was a marked decrease. In other provinces there was not much change from the position obtaining in 1944. The percentage showing loss in weight was not high in any of the provinces except in Sind. The percentage this year do not differ materially from those for the last year. In Assam this percentage decreased perceptibly. There was some increase in the case of Bihar.

**Remarks on Individual Provinces.**

58. The jail health authorities, besides looking after the sick, take special preventive measures against infectious diseases and maintain a high standard of sanitation in jails. Improvements in drainage, conservancy and water supply receive particular attention. Health propaganda and encouragement of general and physical education for the well-being of the jail population is carried on. In some provinces, physical exercise and games are encouraged. Religious and moral instructions also receive adequate

attention. Brief remarks on the health situation in jails in the provinces are given below.

*North-West Frontier Province.*—The hospital admissions per 1,000 average daily population this year was 629 as compared to 765 last year. This reduction was mainly due to the smaller number of malaria cases this year. Anti-malaria measures were effective in bringing down the incidence of malaria in the jail population. Compared to the previous years, there was a much larger number of cases of pyrexia of uncertain origin. As usual, malaria, pneumonia and other respiratory diseases and tuberculosis of lungs were the more common diseases. The death rate per 1,000 average population increased from 8.8 in 1944 to 9.8 in 1945, largely due to more deaths from T. B. this year.

The general health of the prisoners remained good. Facilities for physical exercise within the jails were provided. Outdoor games and volley ball were arranged for certain classes of prisoners. Re-vaccinations were carried out in Bannu jails in view of the prevalence of smallpox in the city.

*Punjab.*—The more common diseases were as usual malaria and other respiratory diseases. There was a substantial decrease in the incidence of malaria this year. The arrangements for sanitation continued to be satisfactory. Paid sweepers were engaged wherever necessary. No sanitary work of any special importance was carried out except that a 12 seated everclean latrine was constructed and some improvements in the drainage system in some jails were effected.

*United Provinces.*—The more common diseases as usual were malaria, pneumonia and other respiratory diseases, dysentery and diarrhoea. Compared to 1944, there was slightly a higher incidence of cases per 1,000 population of dysentery, diarrhoea, anaemia and debility. There was some decrease in the incidence of malaria this year. With a view to improve water supply, pumps were provided in three district jails. In almost all the jails, in the cook houses, floors have been cemented and walls upto 4 feet have been plastered. Drains of certain jails were improved and new drains were provided. The quarters of the officials and the warders were improved. Ambulance work for boys in jails where young offenders are lodged was started.

*Bihar.*—There was an all round reduction in the admission rate under practically every disease. In the case of malaria, dysentery, tuberculosis and other respiratory diseases which form the more common diseases the reduction was particularly marked. The Central and the Camp Jails at Bhagalpur and the district jails at Purnea and Purulia recorded comparatively high figures of admissions to hospitals. The Central jails at Bhagalpur and Buxar and the district jails at Motihari, Muzaffarpur and Purnea returned higher number of deaths. The sanitation of jails in general was satisfactory. Intensive antimosquito and antifly campaign was carried out. Due to the general food shortage a large proportion of prisoners admitted in jails was in very poor health. Those who lost weight were given special diet to improve their health and weight. The drainage and sanitation in the surroundings and vicinity of many jails and sub-jails were far from satisfactory and this is stated to be indirectly affecting the sanitation and health in jail.

*Orissa.*—There was a general reduction in the hospital admission rate on account of the various diseases. There were sporadic cases of cerebrospinal meningitis in the Koraput Jail and cases of chickenpox in the jail at Cuttack and sub-jails at Jajpur, Bargarh and Nawapara. The infection in all these cases was brought from outside. The diseases were controlled by special precautionary measures. Improvements were made in the drains of some jails, fly proof wire netting was provided for in one jail, cage latrines and water flushed latrines with a septic tank soakway gallery were sanctioned for two sub-jails. Prisoners were regularly given instructions in hygiene. Pictorial posters on elementary principles of hygiene were put up in the sleeping barracks. Multivitamin tablets were distributed in all the jails and sub-jails.

*Central Provinces.*—The Health of the jail population was generally good throughout the year. The admission rate under various diseases was considerably reduced this year. The hospital admissions from malaria and dysentery under which the largest number of admissions are recorded were reduced. The usual precautionary measures for preventing outbreak of epidemic diseases and promoting the health and welfare of prisoners were adopted.

*Bombay.*—The intensive antimalarial measures adopted at the different jails kept down the hospital admissions under malaria. Special squads of prisoners under a supervising officer carried on antimalaria operations at the Central Prisons at Yaravda and Ahmedabad, Bijapur District Jail and Visapur Temporary Prison. There was a slight increase in the admission rates under dysentery, pneumonia, other respiratory diseases, and influenza. Some difficulty was experienced in obtaining supplies of drugs specially quinine. The ration of controlled cereals was cut down to the same quantity as was allowed to the general public and the shortage was made good by uncontrolled articles such as maize, groundnuts etc. No bad effect on the health of the prisoners was noticed.

*Sind.*—The Hur Concentration Camp continued to function throughout the year. As has already been noticed, the average daily population was higher this year compared to 1944. A slightly higher admission rate was recorded this year under influenza and pneumonia. The rate under other diseases was less this year as compared to 1944. There was a considerable reduction in the admission rate under malaria. Mosquito nets were used in all malarial cases in prison hospital. A very high admission rate is usually shown under dysentery and diarrhoea. There was hardly any improvement in this direction this year.

*Madras.*—There was a substantial increase in the hospital admission rate under influenza this year. The rate under malaria continued to be high as last year. Slight increase in the admission rate was shown under other diseases like tuberculosis of lungs and dysentery. The arrangements for conservancy and drainage continued to be satisfactory. The seven soakpits in the Central Jail at Trichinopoly worked satisfactorily and more such pits will be brought into use. Municipal water supply was extended to the two jails in Vellore. The purchase of two kite motor pumps for use in Borstal School, Palamcottah, was sanctioned.

The provincial notes on health conditions in jails in Assam, Coorg, Ajmer-Merwara and Baluchistan contained nothing calling for special comment.

## Conclusion.

59. From the foregoing remarks it will be seen that the health of the prisoners was on the whole better as compared to last year. Malaria which is a serious menace in almost all the jails was comparatively less active this year. The incidence of dysentery, another common disease, was reduced. No improvement was noticeable in the incidence of tuberculosis of lungs and other respiratory diseases. Influenza cases were on the increase in some provinces. The incidence of cholera and smallpox was low as usual. No major improvement in the drainage, conservancy or water supply was reported from any of the provinces. No new measures for promoting the health and welfare of prisoners seem to have been undertaken this year.

## SECTION VIII

## MEDICAL RESEARCH

60. In the many fields of preventive medicine, technical and socio-economic, many countries of the world are making rapid strides towards attaining what is termed 'positive health'. Organised and well directed research offers a means of quickly arriving at solutions of the many problems in the field of public health. Modern medical research seeks to be practical rather than to be academic. It is directed towards an end-finding an answer to a specific problem; and it embraces fields of diverse activities. It needs the assistance of trained and experienced chemists, clinicians and field workers in fact, of all those who are properly equipped to investigate any of the various problems of public health. In the field of epidemiological study and investigations on socio-economic conditions, the trained statistician finds an important place.

In India also there is evidence of a widening of the scope of medical research during recent years. The small beginnings of a purely bacteriological research are expanding into biochemical investigations, nutritional studies, diet surveys and field investigations of an epidemiological and social nature. Small laboratories have expanded into big institutions. Indian Universities have now commenced to contribute useful work on research in the fields of biochemistry, nutrition, physiology, pathology and clinical medicine.

Increasing interest is now being shown by research institutions and voluntary organisations in the investigation of the socio-economic factors influencing the health of the community.

Organised medical research in India depends mainly on two organisations: (i) the Central and Provincial Government Laboratories of the Medical Research Department and (ii) the Indian Research Fund Association, which is a registered association recognised by the Government of India from whom its funds are mainly derived. In view of the wider scope of work, grants from the Association are being made increasingly available to suitable workers for research schemes in the Universities and Medical Colleges.

The year under review records a year of good progress in medical research extending over a wide field—problems related to the control of malaria, cholera, plague and leprosy produced a fair amount of the work. Nutrition research has rightly taken a prominent place and a number of useful enquiries were in progress.

Two new Advisory Committees on Clinical Research and Industrial Health Research respectively were formed during the year. The Maternity and Child Welfare and the Rabies Advisory Committees were revived, having been in abeyance for 3 and 7 years respectively.

A brief survey of the medical research of public interest during 1945 is given in the following paragraphs :—

### Nutrition.

61. The I. R. F. A. appointed a Nutrition Advisory Committee in 1936 to advise on and to direct nutrition work in India. In essentials, this Committee acts a a National Nutritional Committee and is

recognised by the Government as such. This committee has been meeting regularly once or twice a year since its inception. At its meeting in March '944, the committee made the following comments on conditions in India with regard to diet and disease—"The ill effects of an unbalanced and insufficient diet are manifold. The infant, maternal and general mortality rates in India are high and the expectation of life is low. Among causes of ill health and disease are contaminated water supplies, lack of sanitation, bad housing, mosquitoes and flies which carry disease, and malnutrition. There is no doubt that malnutrition occupies a very important place in this respect."

Famine has been a recurrent event in India both in ancient and modern times. The Bengal famine of 1943 focussed attention on food and nutrition conditions in India as no famine had before. The famine enquiry commission in its final report says—"Among the poor sections of the community in India, both urban and rural, there is much under-nutrition as well as malnutrition. It has been estimated by certain authorities that 30 per cent. of the population in normal times did not get enough to eat. Further a large proportion of the population of India consumes a diet which does not contain protective foods in sufficient amounts.

Much ill-health, disease and mortality in India, particularly among the infants, children and women in the child-bearing period are due to malnutrition. Diseases caused by or associated with insufficiency of some food factor or factors in the diet are of common occurrence. Improvement of nutrition is, therefore, an essential part of the public health programme in India.

The improvement of the diet of the people cannot be achieved without a great increase in the production of protective foods and simultaneous increase in purchasing power.

Diet surveys carried out by nutrition research workers have found that the calorie intake of some 30 per cent. of the families is below the requirement and that even when the diet is quantitatively adequate, it is almost invariably ill-balanced containing a preponderance of cereals and insufficient protective foods of higher nutritive value. The intake of milk, pulses, meat, fish and vegetables is generally insufficient. Diet surveys have thus helped to provide information on the dietetic habits and the nutritional status of the people. Research in the nutritional problems has been vigorously pursued under the direction of the I. R. F. A. at various centres and Universities in India. The results have been made available through the reports of the Nutrition Advisory Committee and through bulletins published by the Nutritional Research Laboratories, Coonoor.

Training of nutrition officers is carried out at the Nutritional Research Laboratories, Coonoor and up to date, the Governments of Bengal, Bihar, Madras, Bombay, the Punjab, Hyderabad Deccan, and Baroda have appointed special nutrition officers.

### The Progress of Nutrition Work in Provinces and States.

*Madras.*—Work has been concentrated mainly on diet surveys carried out on regional basis. These seem to establish that in parts of Madras it has been possible for the working class population to manage

to continue to live in the absence of adequate supplies of rice, by utilizing grains usually neglected in this area. Diet surveys of 189 families of low income group in various areas were carried out. They all showed poor intake of protective foods. Examination of the children did not reveal the presence of any deficiency diseases. Judged by the age-height-weight constitution of a sample group of children against the standard shown by 6,000 children examined in 1938 in Madras city, no deterioration in the nutritional status in Madras city during the critical periods in 1943 was shown by an analysis of the data. The groups examined in Bellary and Kurnool Districts were found to be below the Madras standard.

*The Nizam's Dominion* —Work on school feeding schemes, setting up of milk booths for distribution of milk to children and expectant mothers and the development of mobile canteens has been undertaken, but great difficulty has been experienced in obtaining adequate quantities of milk for this purpose. Reconstituted milk along with fruits, vegetables and biscuits are now being tried for the school feeding schemes.

*Bihar.*—Dietary surveys were undertaken. Human feeding experiments were carried on in connection with the studies of protein metabolism with an interchange of cereals in the diet.

*Bombay.*—Distribution of milk in the city of Bombay and its suburbs is subsidised and now covers a large number of persons who receive this article of food at 50 per cent. concession rate. In addition, a special farm has been started with nearly one thousand milk buffaloes.

An interesting development in the feeding of school children is a proposal to introduce the giving of tablets prepared by the Haffkine Institute, Bombay, which will contain shark liver oil, and vitamin A and D. It has been found possible to make a palatable tablet using chocolate.

A special rapid nutrition survey carried out in Thana City shows that amongst the clerical middle class, 48 per cent. suffer from clinical mulnutrition.

*Punjab.*—The five year experiment on the prevention of simple goitre through using iodized salt entered its fourth year and the results continue to prove very encouraging.

*Central Provinces.*—A special investigation has been started on factors influencing the occurrence of lathyrism.

*Nutrition Research Laboratories, Coonoor.*—Work on the analysis of foodstuffs continues. Animal experiments on Lathyrism using guinea pigs as the test animal are in progress. Experiments on the comparative nutritive value of animal and vegetable fat have been carried out.

An investigation on lathyrism in Bhopal State revealed that the outbreak was due to the consumption of *Lathyrus Sativa* (Torea) in large quantities over a period of six months or more and not due to contamination with *vicia sativa* or to any lack of protein.

Other researches relating to nutrition included :—

(i) Ascorbic acid enquiry under Dr. B. N. Ghosh at the University College of Science and Technology, Calcutta.

(ii) Enquiry on formation and function of variation of plasma protein in health and disease under Mr. N. C. Datta, Grant Medical College, Bombay.

(iii) Enquiry on protein metabolism by human feeding experiments under Dr. S. Ahmad at Public Health Laboratories, Bankipur, Patna.

(iv) Nutrition Research Unit under Dr. K. P. Basu at Dacca University which undertook enquiries into the metabolism of fat, vitamin B complexes, soyabean, food yeasts, etc.

(v) The Nutrition Research Unit under Dr. B. N. Patwardhan at the Seth G. S. Medical College, Bombay, which worked on fat metabolism and researches on vitamin D.

(vi) An enquiry into the methods of treating sick destitutes was continued as a study of "effects of starvation" at the All-India Institute of Hygiene and Public Health, Calcutta, etc.

### Cholera

62. Active research work on the cholera vibrio and the epidemiology and treatment of cholera, which had been suspended during the war years, has been resumed. A new cholera vaccine consisting of a growth of vibrio cholera in a liquid medium containing acid casein hydrolysate has been developed at the Haffkine Institute, Bombay. This is a simpler method of production and preliminary tests carried out on mice indicate that this vaccine has better protective value than the vaccine prepared by the old method. Confirmatory tests to establish this claim are, however, being carried out at other laboratories.

A special statistical enquiry to assess the protective value of cholera inoculation was carried out in Madras Presidency and the data collected so far were under analysis.

Experimental trials with sulphaguanidine in the treatment of cholera have been carried out at the School of Tropical Medicine, Calcutta. The work done this year has shown that sulphaguanidine is of value in the treatment of cholera and further trials on a larger scale have been arranged.

### Plague

63. A method for the preparation of casein hydrolysate on a large scale for the production of a direct plague vaccine has been successfully evolved at the Haffkine Institute, Bombay. This process shortens the time of manufacture and improves the keeping qualities of the vaccine.

Field trials of sulphonamides in the treatment of plague are being continued.

Experiments on plague control by the destruction of rat fleas with D. D. T. were carried out and are being continued by Dr. Sharif at the Haffkine Institute, Bombay. The insecticide was used in the form of a spray as well as dust. It has proved very successful in obtaining a hundred per cent. kill of the rat fleas and in its persistent pulicidal effect lasting over several weeks.

A field enquiry in the Salem district under the Director of Public Health, Madras, comprised a study of the prevailing rodents and their fleas contributing to the endemic plague in the area, and the intensive application of cyanogas in the plague control. In the villages where cyanogas was applied soon after the detection of rate plague, infection was aborted and no further rat falls or human cases occcurred.

## Malaria

64. Six courses of instruction in malariology were held during the year and a total of 147 officers and antimalaria assistants was trained.

A great deal of work was done with regard to the development of D. D. T. emulsions and equipment for use with D. D. T.

A series of field experiments with oily solution and watery emulsions of D. D. T. (including spraying from the air) have been carried out in certain villages in the vicinity of Delhi.

Experimental trials on monkey malaria were carried out with a new anti-malaria drug Paludrine (M 4888) and have shown considerable promise of being superior in certain respects to mepacrine.

A new enquiry on mammalian malaria was started in collaboration with the Royal Society of London and G. H. Q. (India). The object of this enquiry is to determine whether or not the malarial parasite has a phase of development outside the red cells of the blood in the mammal, a problem of primary importance with regard to the treatment of malaria and the prevention of relapses. Material so far examined has yielded negative results.

A statistical enquiry undertaken by Mr. Yakoob completed an investigation on the periodicity of endemic malaria in the Punjab. The study was based on the records of the previous 77 years and the analysis shows that of all the months, rainfall in May, July and August was more closely correlated with epidemic figure than in other months. In quite a large number of districts, rainfall in the month of May is correlated significantly with the malarial epidemic figure of the following autumn.

## Leprosy

65. Epidemiological field investigations carried out in Madras at the Lady Willingdon Leprosy Sanatorium, Chingleput, have revealed some very interesting facts. The most usual way for leprosy to become established in a village is not by spread through casual contact or water or any of the indirect methods but through marriage whereby a most intimate family relationship is set up. The villages become so interrelated that they can be considered a single family unit infecting each other's children.

The leprosy preventive unit at Polambakam has continued observations on 'night segregation'. A comparison of the incidence of leprosy in the various villages in which night segregation has been applied during the past five years with those villages where no such segregation has been enforced is interesting. In the villages where the segregation of the cases at night has been enforced a general reduction in the incidence of this disease has been observed.

## Pharmacology

66. The Drug Research Laboratory, Jammu (Kashmir) under Lt. Col. Sir Ramnath Chopra has continued work on the analysis of pyrethrum from different plantations to see the effect of altitude and method of drying on the pyrethrum content of the flower heads.

## SECTION IX.

## VOLUNTARY ORGANISATIONS.

67. Voluntary effort continued to play its important role in the field of public health activities although its fuller development was hampered by the war-time conditions. Financial strain and lack of suitably trained staff were the two main difficulties. The voluntary organisations besides providing specific services such as those for maternity and child welfare and curative treatment of afflicted people also direct their efforts to the problems of health education. Such organisations are particularly desirable in India where the population is largely rural, because, through voluntary efforts, the message of health is likely to be carried home to these people. In India voluntary organisations interested in public health are mostly provincial or local but there are a few well established All-India organisations with branches in the Provinces and Indian States. The activities of these All-India institutions along with a few of the more important provincial organisations are described in the following paragraphs :—

### Indian Red Cross Society.

68. The most important activity of the year was the Milk Distribution Service, which was initially started in September, 1943 to mitigate famine conditions in Bengal, Cochin, Malabar, Orissa and Travancore and was continued this year in view of the popular demand and its educative value. About 6,000 tons of milk have so far been distributed. Large quantities of multivitamin tablets, and shark liver oil were also distributed through the canteens. During the year there were in operation 32 distribution centres in Calcutta, 1,842 milk canteens in the mofussil areas of Bengal feeding over 104, 791 children, nursing and expectant mothers daily, 19 canteens in the coastal districts of Orissa giving over 3,000 feeds daily, 318 canteens in Cochin State serving about forty thousand people. In Malabar 352 canteens were in operation till they were closed in September 1945, when it was felt that the conditions had returned sufficiently to normal and the service was discontinued. A total of 480 tons of condensed and powdered milk was supplied to Travancore and was distributed to approximately 36,545 needy people, children under five years and nursing and expectant mothers through over 200 canteens. A ton of milk powder was supplied to a Gurkha Evacuees Camp at Motihari in Bihar and another ton was sanctioned at the end of the year.

This service is rousing public interest in Red Cross work. As a result, branches were formed in Cochin and Travancore last year and this year an ambitious scheme costing sixteen lacs of rupees for opening branches in Bengal was embarked upon. At the close of the year, there were 34 Provincial and State branches and 342 District branches. Adult membership of all categories was 37,731 against 31,207 in the previous year. The Punjab continued to hold the leading position with 20,455 members and was followed by Eastern States Agency, Madras and Bengal each having over two thousand members. A Red Cross branch was constituted in Bikaner State. It is expected that a Red Cross branch will be formed in the Punjab States at an early date. To help in civilian relief, financial assistance amounting to over Rs. 85,000 was rendered to several sister societies in Europe, Burma and China. The total contributions so made since the outbreak of war reached approximately one million rupees.

The League of Red Cross Societies convoked an Advisory Conference of delegates of National Red Cross Societies at Geneva from October 15th to November 3rd with a view to enable the directing officials of the Red Cross to exchange ideas on future problems. The Indian Red Cross was represented there by its Secretary-General. The Conference adopted certain recommendations on the re-organisation of Red Cross activities. These will come up before the Board of Governors at their meeting in June 1946. India was elected a member of the Finance Committee of the League. The Society's representative on the Board of Governors, Sir Cameron Badenoch was made an Officer of the French Order of Public Health and given a bronze medal by the French Red Cross and Sardar Bahadur Balwant Singh Puri was awarded a Silver Medal in recognition of his long association with the Red Cross.

The International Red Cross Committee granted 3,000 Swiss francs at the 24th distribution of the revenues of the Empress Shoken Fund for relief to victims of the 1944 Bombay Dockyard Explosions.

The Indian Forces Medical After-Care Fund continued to be administered by a special committee. Steps were taken to give publicity to the benefits granted by this Fund, and to the end of the year, 285 applications for assistance were dealt with as against 100 last year. 176 ex-service men suffering from tuberculosis, leprosy, mental and miscellaneous ailments were helped and artificial limbs were provided in seven cases. Rs. 50,116 were given in grants bringing the total disbursement during the last three years to Rs. 71,464. The grant to the Mount Abu Hostel for ex-servicemen was renewed for another year.

Seventeen persons, 13 from Bombay and 4 from Bihar were awarded the Society's Certificate of Merit for those giving at least ten donations of blood.

The two candidates selected for post-graduate training in Nursing Aministration in 1943 at last secured passage in October and are now studying at the Royal College of Nursing in London. Another candidate returned in November after successfully completing her Sister Tutors Course. There were 87 trained nurses on the Red Cross Roll for civil emergency service, but happily there was no occasion to requisition their services.

The Maternity and Child Welfare Bureau, inspite of its limited resources, and administrative difficulties, assisted Provincial and State branches, and other official and industrial agencies in their maternal and child health activities. The Committee of the Lady Reading Health School and the School of Nursing Administration outlined proposals for inaugurating public health nursing and improving nursing services as a whole and recommended to the Government the establishment of a College of Nursing. The Managing Body of the Red Cross have supported the proposal and offered a grant of Rs. 184,000 for training of nursing staff and award of scholarship to students in the proposed school.

The Junior Red Cross carried on its health activities including the educational campaign for prevention of blindness. Grants were given to a number of provinces and states from a contribution of £150 received from the National Institute of the Blind, London. The Government of Orissa has undertaken to finance this work from the next year and has included the Indian Red Cross pamphlet on blindness in the school curriculum of certain classes. In response to an appeal from the League of

Red Cross Societies, the Indian Juniors contributed Rs. 16,470 for the rehabilitation of French school children affected by the war.

Inspite of rise in the costs of printing and vagaries of wartime transport, the publicity and propaganda activity was maintained on a progressively efficient level. A selection of posters was sent as an exhibit to the Cleveland Students Poster Art Annual Exhibition in Ohio. The Cinema Section produced ten copies of eight films. Two new films entitled 'Motherhood : Life's Most Important Job' (a talkie) and 'Preventing the Spread of Disease' were procured from U. S. A. and added to the Film Library. The library complied with over 200 requisitions for films from regular subscribers and other bodies for exhibition. The manufacture of coloured slides was pursued steadily, 3,005 slides in 78 sets on various diseases being produced during the year. The Stores Depot showed a considerable increase in the sale of propaganda material. Stores worth Rs. 20,711 were supplied on payment.

**St. John Ambulance Association (Indian Council) and St. John Ambulance Brigade Overseas.**

69. During the year, St. John, Ambulance Brigade had the honour of a visit from Lady Louis Mountbatten who expressed her high appreciation of the nursing, transport and other services of the Brigade. The early and sudden collapse of the Japanese forces called for feverish activity for ministering to the needs of repatriated prisoners of war and civil internees passing through ports, transit camps and hospitals in India en-route to their homes abroad or in this country. As the prospects of an air attack had become negligible, the A. R. P. training scheme lost its appeal ; only one solitary certificate was issued in this subject this year. Under this scheme over 5,000 persons including 1,100 instructors were trained upto the end of 1944. This force formed a valuable auxiliary to the Casualty Services and thus rendered vital assistance in the civil defence of the country. Three new local centres were constituted while two were dissolved. The total number of centres at the close of the year was 415. During the year 76 new Brigade Divisions were formed and 41 were disbanded. At the close of 1945, 692 effective Divisions were functioning. Thirty-one new Cadet Divisions also were formed. A new departure this year was the formation of a Division among juvenile offenders in Naini Central Prisons, as the authorities at St. John's Gate accepted the view that juvenile offenders should not always be regarded or treated as criminals.

Instructional work of the Association was continued during the year. Though the number of those who received training in 1945 was slightly less than that in the previous year, it was about 14,000 more than in any of the pre-war years. During the year 46,656 persons attended 2,415 courses of lectures in First Aid, Home Nursing, Hygiene and Sanitation, Domestic Hygiene and Mothercraft. Of these 33,015 qualified for the Association's Certificates, 30,127 in First Aid, 2,273 in Home Nursing, 403 in Hygiene and Sanitation and 212 in Domestic Hygiene and Mothercraft. In addition 143 received the special Refresher Certificates in First Aid, 1,258 qualified for voucher certificates, 642 for medallion, 1,042 for labels and 262 for pendants while 6,429 were trained in the Mackenzie School Course. Twenty classes were held for officers and men of the British and Indian Army at various places. Training was given to other ranks of whom 314 qualified for First Aid and 29 for Hygiene and Sanitation Certificates. In the railways 4,923 employees were trained. Of these the highest number came

from N. W. Ry. The G. I. P. Ry. was next followed by E. I. Ry. From Police in the provinces and states 5,907 candidates were trained in 273 classes held. Fifteen First Aid classes were held in Prisons and Reformatory Schools in some of the provinces and states and 283 persons were trained. In co-operation with the educational authorities the various St. John Courses were held in schools; 1,173 classes were held and 24,615 boys and girls were trained. First Aid was imparted to mining and industrial workers at several places.

The Manual of Home Nursing recently revised at St. John's Gate was adopted by the Indian Council in place of the two separate manuals issued for those living in European and Indian styles. A special supplement was prepared by Miss Hutchings and Miss Craig in order to give due emphasis to the peculiar Indian conditions. The printing of the text books of the Association had to be curtailed on account of paper shortage.

**The Bombay Mofussil Maternity, Child Welfare and Health Council.**

70. The formation of Health Units in preference to small centres seems to have been a move in the right direction. The work of the two health units in Chakan and Bhilawadi was appreciated by the people in the villages. The request for a grant of Rs. 50,000 for opening a third Welfare Unit in Thana District has been made to the Government. Eighteen Maternity Homes, 11 Maternity and Child Welfare Centres and 12 Child Welfare Centres were affiliated to the Council and grants amounting to Rs. 28,023 were given to these bodies. The original grant of Rs. 10,0 0 to the Council was restored by the Government. The Council's dai diploma was awarded to 77 senior dais and 7 students obtained the assistant midwives diploma. Admissions to the Poona Health School were not encouraging, only six students being admitted for the year 1945-46. Three candidates passed the Health Visitor's Diploma Examination this year. Propaganda was continued as before by means of health exhibitions, cinema demonstration and lectures. 78 centres held both exhibitions and cinema shows and 118 held cinema shows only. The propaganda van was held up in Bombay from April to November when no health programmes could be arranged. The Director of Public Health provided a talkie projector for the van and three talkie films in Marathi, Gujrati and Kanarese were also supplied Three magic lanterns with sets of slides on food and nutrition were ordered.

**The Bombay Presidency Infant Welfare Society.**

71 Inspite of difficulties created by war conditions and the increased expenditure due to abnormal prices the various activities of the society were maintained at the usual high standard. Inspite of an all-round economy, there was a deficit of Rs. 9,844 in the finances of the Society. A further deficit of Rs. 10,700 is expected in 1946. Three Maternity Homes, 7 Infant Welfare Centres and one Creche continued to be maintained by the Society. There was no change in the strength of the staff of the Society. The educational activity was continued. Sixteen probationer midwives were trained at the three Maternity Homes. The Homes also co-operated with the Nowrosjee Wadia Maternity Hospital for a further three months' course in nursing of operational and septic cases. Seven stipendiary students were admitted to the Society's Health Visitor Institute. About 70 Health Visitors have so far qualified through the Institute in the Diploma Examination. The

Bombay Government grant of Rs. 5,500 to the Institute enabled the Society to make education free. The Director of the Institute, having obtained a travel grant of the International Health Division of the Rockefeller Foundation visited maternity and child welfare institutions in India. The society made the usual grant of Rs. 5,000 to the Bombay Mofussil Council for the maintenance of Mofussil Centres.

### Dacca Maternity and Child Welfare Trust.

72. This year 19·5% of all registered births in the city were attended to by the Trust Staff. The maternal death rate and infant death rate within 10 days of birth in the Trust cases were 5·4 and 10·8 respectively as compared with 11 4 and 64·4 among non-Trust cases. By systematic home visits, 830 babies and 1,024 mothers were kept under observation. Three kitchens supplying milk free of charge to necessitous mothers and babies continued to be maintained and the quantity of milk distributed this year was much greater than that in the previous year. The activities of the Trust are stated to have been handicapped by the lack of trained staff, specially health visitors.

### The Association for the Prevention of Blindness, Bengal.

73. The five travelling eye dispensaries which carried on their work in the Districts of Dacca, Pabna, Hooghly, Rangpur and Nadia treated 58,571 cases and performed 1,756 operations. Seventy five lectures on the prevention of blindness and care of the eyes were delivered. The dispensaries did a census of 108 villages having an aggregate population of 68,717 and detected 116 blind persons. The Eye Examination and Lecture Unit worked in Calcutta and the suburbs. The eyes of 4,483 school students were examined and 76 lectures were delivered.

### Bengal Health Welfare Committee.

74. This committee co-ordinates the activities of four Health Welfare Sections of the Bengal Provincial Branch of the Indian Red Cross Society, *viz.*, (a) Calcutta Maternity and Child Welfare Committee; (b) District Maternity and Child Welfare Committee; (c) The Sir John Anderson Health School and Training Centre Committee; (d) The Bengal Health Education Committee. Brief notes on the main activities of each of the above sections are given below :—

Another centre was brought under the Calcutta Maternity and Child Welfare Committee this year and thus there were four centres under its supervision. During the year, 885 women received antenatal care of which 773 were attended to by the Red Cross Centres. The centres do not undertake the delivery of their antenatal cases but refer them to suitable institutions and trained dais. The medicines which were distributed free to the expectant mothers at these centres were supplied by the American Friends' Society. The number of births supervised during the year through Red Cross centres was 784 and the number through affiliated centres was 141. Only 364 infants were attended to at the clinic through Red Cross Centres and 140 infants through affiliated centres. The attendance of Infants at the clinics was regular though poor when compared with live births under care. Fifty-six infants died giving an infant mortality rate of 31 per thousand. The Red Cross Centres had 1,454 and affiliated centres 23 toddlers on cards; 24 toddlers died giving a mortality rate of 16 per thousand. The majority

of deaths were due to the smallpox epidemic that raged in Calcutta. The standard of minimum requirements has been changed as follows with a view to reducing the area of individual centres ; this should result in a concentration of service relative to the populations :—

1. Services must be concentrated within 1 to $1\frac{1}{2}$ miles radius of a specified area for obvious reasons.
2. One fully qualified health visitor for each 200 to 250 births.
3. It is expected that within three years of establishment of the centre 70 per cent. pregnancies occuring in that area should be active antenatal cases attending the antenatal clinics at least three months before delivery.
4. 70 per cent. deliveries in the area to be undertaken by trained attendants.
5. At least one combined prenatal and well baby clinic per week conducted by a qualified physician.
6. 50 per cent. of antenatals attending the clinic to be tested for syphilis and 50 per cent. of positive reaction to be under treatment.
7. Registered antenatal cases attending in the clinic examined for at least four urine and four blood pressure readings.
8. An average of 5 home visits by the health visitors per each pregnancy in the area.
9. A minimum of one home visit by the visitor for 90 percent of deliveries in the area within 48 hours of notice of delivery provided it is registered within the first week of life.
10. Copies of health visitor's report on unregistered births to be forwarded to the District Health Officer.
11. A minimum of 25 per cent. of births registered in the area attending well baby clinic.
12. A minimum of six home visits by the visitor per birth registered in the area during the first year of life.
13. 25 per cent. of children of 1—3 years attending in toddlers' well clinics a year.
14. A minimum of three home visits by the visitors per year for each toddler in the area (1—3 years' toddlers).
15. Notification by the health visitors to the Corporation Health Department through the birth registration stations of cases of infectious diseases seen by them.
16. Each clinic to be affiliated with a hospital to provide necessary clinical facilities for ante and post-natal cases as well as for infants and toddlers.
17. The visiting routines, both clinic and home, of the maternity and child health service be available in a printed manual.

The District Maternity and Child Welfare Committee carries on its activities in all parts of the province except Calcutta. The organisation comprises 17 Child Welfare and Maternity Centres. The strength of the staff of the Centres consist of 14 health visitors paid by the Provincial Public Health

Department, 9 midwives and 14 dais. Mothercraft, sewing and other instructional classes were held by almost all the centres. Health talks were arranged by most of them and dai training under the V. M. S. Fund and otherwise were given in many centres. Refresher courses for those already trained were arranged. Now more births take place under Centre supervision. Institutional midwifery became increasingly popular. All the normal activities of the Centres were maintained.

The admissions to the Sir John Anderson Health School were rather discouraging and propaganda for popularising training as Health Visitors was carried on by holding meetings in Girls Schools, circulating leaflets and prospectuses to women institutions in the province, and by showing a film on the subject in Bengal and Bihar. Owing to the lack of candidates, the proposed new class in October could not be started. Regular clinics for antenatal cases, infants and toddlers were held twice a week. A domiciliary midwifery service was not started as a suitably trained midwife tutor could not be appointed. In view of the limited space available, the nursery school was not started. One month's rural training was conducted in the Singur Health Unit. Under the scheme, each student was allotted four houses for dietetic survey.

The Bengal Health Education Committee supplied to Maternity and Child Welfare Centres in Calcutta and the mofussil literature for free distribution and posters on preventive diseases and balanced diets to be displayed in the waiting rooms. 16 Health Exhibitions in conjunction with Agricultural and Industrial Exhibitions were held in the various districts.

**The Tuberculosis Association of India.**

75. Despite the limitations imposed by the war conditions, the Association made substantial progress in its work. After an interval of 4½ years the Third Tuberculosis Workers' Conference was held in March 1945. It made recommedations on the questions of teaching, standards of tuberculosis institutions and general anti-tuberculosis measures. These recommendations have been published in a book form. Training of tuberculosis workers received particular attention. The Delhi University has been asked to institute a Tuberculosis Diseases Diploma Course. The Bengal Tuberculosis Association has made a similar request to the Calcutta University and it is likely to find favour. The Mysore T.D.D. Course was started in June 1945. The Madras T.D.D. Course continued to be popular. Two post graduate refresher courses were held and altogether 32 doctors received training. Four Health Visitors successfully completed their course during the year, and the next batch of 12 started their training in November 1945. As previously, the educational and practical standard required of the candidates for admission to this course had to be lowered. Facilities for the practical training of a limited number of doctors were continued at the Lady Linlithgow Sanatorium, Kasauli, and the New Delhi Tuberculosis Clinic. To meet the shortage of nurses trained in tuberculosis, it has been decided to train suitable candidates in the Lady Linlithgow Sanatorium. Distinguished workers in the field of tuberculosis overseas have been enrolled as corresponding members of the Indian Association. This will secure the benefit of contact with the best work and exchange of ideas with the prominent workers abroad.

Four new Associations were affiliated. By 1945 there were 124 tuberculosis clinics and 70 hospitals and sanatoria with 4,384 beds and, in addition, 1,481 beds in general and isolation hospitals and 744 beds in

jail hospitals to deal with the disease. The Association continued its efforts towards co-ordinating anti-tuberculosis activities throughout India. The arrangement under which Dr. P. V. Benjamin devoted about three months in the year to touring as Technical Adviser was continued. He visited a number of places in India and advised on matters connected with tuberculosis. The R.K.O. Radio Pictures Ltd., Bombay, made a donation this year as well. Rs. 25,000 have been so received from the firm since 1943 for the work of Association.

Propaganda efforts were directed towards developing a strong central organisation for the purpose. Two broadcast talks were arranged and more talks are under preparation. The Railway Board gave facilities for displaying posters on the Railway Stations and on rolling stock. Business firms have offered to pay for propaganda insertions in newspapers. Owing to the paper position, it was not possible to meet all the increased demands for propaganda material but 2,751 posters, 10,948 pamphlets and leaflets of the total value of Rs. 1,590 were issued during the year. The Indian Medical Gazette issued in January a special tuberculosis number but expressed its inability to continue the practice in future. The Association has decided to start its own journal. The Hassan Masud Suhrawardy Memorial Challenge Shield for the best anti-tuberculosis work during 1944 was awarded to the Civil Military Station, Bangalore.

### The Mission to Lepers.

76. The latest available report of the Mission covers the year ending August 1945. The expenses of the Mission showed a considerable increase. In 1943, the cost of its work in India was Rs. 11,62,073 ; in 1944 it was Rs. 12,91,924. The Government and Local grants increased by about Rs. 65,000 during this period. About half of these extra expenses were met by private donors in several countries including India. The Mission continued its useful activities in tackling the leprosy problem of the country and is considering its own postwar plans for extension of work in several areas. The number of leper homes and hopitals and homes for healthy children of lepers owned or aided by the Mission is shown below :—

| Province. | No. of Homes. | Total inmates on 31st Dec. 1944. |
|---|---|---|
| Central Provinces and Berar | 6 | 2260 |
| Madras | 8 | 1587 |
| Bihar | 4 | 1453 |
| United Provinces | 5 | 836 |
| Punjab | 5 | 796 |
| Bengal | 4 | 469 |
| Bombay | 5 | 449 |
| Orissa | 1 | 369 |
| Assam | 1 | 77 |
| Indian States | 7 | 1347 |
| | 46 | 9643 |

### The British Empire Leprosy Relief Association (Indian Council).

77. An account of the research activities of the Association has already been given in Section VIII on Medical Research. The Annual Leprosy Training Course was held this year but its duration has now been extended from two to three weeks. The course was attended by 22 doctors of

which 17 qualified for the usual certificate. A course of 8 lecture demonstrations each was given to the D.T.M. and L.T.M. classes at the School of Tropical Medicine, Calcutta. Lecture demonstrations were also given to several batches of medical officers coming from the Army. The quarterly journal 'Leprosy in India' continued to be published. Two thousand copies of the booklet 'Popular Lecture on Leprosy' in English were published. In addition to free issues, propaganda material to the value of Rs. 1,524 was sold. A new set of coloured wall posters depicting the main facts about leprosy is under preparation. The preparation of a new propaganda film attempting to modify and rationalise the attitude of the general public towards leprosy is in progress.

The reports of the provincial branches show steady progress in their various activities such as the treatment of cases, propaganda teaching, survey etc. Clinical and epidemiological studies in Madras were continued and the important question of isolation of infectious cases received increasing attention. A branch of the Association has now been formed in Sind with the approval of the Government. The two clinics at Secunderabad and Hyderabad maintained by B.E.L.R.A. branch are being taken up by the Nizam's Government. In view of the possibility of the early establishment of a bigger colony, it is proposed to drop the scheme for a separate isolation colony attached to the investigation centre at Bankura.

**The International Health Division of the Rockefeller Foundation in India.**

78. The Foundation continued to co-operate with the Government of India and the Provincial and State Governments in matters of health. Dr. M. C. Balfour continued to be the Regional Director. The assignment of Dr. J. B. Grant as Director of the All-India Institute of Hygiene and Public Health terminated in April. Miss Janet D. Corwin joined the Foundation in India and had a busy time as its Nursing Consultant. Although the financial interest of the Foundation in the various demonstration Health Units terminated, financial aid to several investigations in Singur area conducted by the All-India Institute of Hygiene and Public Health were continued. These include a trainining programme, nutrition survey, study of rural water standards and correlated epidemiological survey of gastro-intestinal diseases. Ten foreign fellowships were granted this year, two in public health administration, two in public health engineering, one in maternity and child welfare, one in medical entomology and four in public health nursing Four travel grants for study tours in India and Ceylon were also awarded. Of these one was in the field of malariology, one in public health, one in maternity and child welfare and one in public health nursing.

E. COTTER, COLONEL, I.M.S.

*Public Health Commissioner with the Government of India.*

NEW DELHI:

*The 29th November 1946.*

# Appendix

relating to

# Section VII

TABLE SHOWING SICKNESS AND MORTALITY OF ALL CLASSES

| Provinces. | | Average daily population | Constantly sick rate. | Influenza. | | | | Cholera | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Actuals. | | Ratios. | | Actuals. | | Ratios. | |
| | | | | A. | D. | A. | D. | A. | D. | A. | D. |
| North West-Frontier Province | | | | | | | | | | | |
| | 1943 | 6,446 | 27 | 36 | ... | 5·6 | ... | ... | ... | ... | ... |
| | 1944 | 5,231 | 27 | 18 | ... | 3·4 | ... | ... | ... | ... | ... |
| | 1945 | 4,193 | 27 | 33 | ... | 7 9 | ... | ... | ... | ... | |
| Punjab. | | | | | | | | | | | |
| | 1943 | 19,717 | 24 | 122 | ... | 6 | ... | 1 | ... | 0·05 | ... |
| | 1944 | 19,372 | 25 | 116 | 1 | 6 | 0·05 | 2 | 1 | 0·1 | 0 05 |
| | 1945 | 18,970 | 26 | 79 | 1 | 4·1 | 0·05 | ... | ... | ... | ... |
| United Provinces | | | | | | | | | | | |
| | 1943 | 40,318 | 25 | 713 | 4 | 18 | 0·1 | 71 | 18 | 1·7 | 0·4 |
| | 1944 | 33,892 | 23 | 636 | ... | 19 | | 35 | 6 | 1·0 | 0.2 |
| | 1945 | 30,429 | 24 | 321 | ... | 11 | ... | 22 | 6 | 0·7 | 0·2 |
| Bihar | | | | | | | | | | | |
| | 1943 | 26,584 | 36 | 331 | 2 | 12 | 0·07 | ... | ... | ... | ... |
| | 1944 | 20,866 | 38 | 78 | ... | 3·7 | ... | 1 | ... | 0 05 | ... |
| | 1945 | 16,688 | 37 | 105 | ... | 6·3 | ... | ... | ... | ... | ... |
| Orissa | | | | | | | | | | | |
| | 1943 | 2,171 | 23 | 100 | ... | 46 | ... | ... | ... | ... | ... |
| | 1944 | 2,321 | 34 | 78 | ... | 34 | ... | ... | ... | ... | ... |
| | 1945 | 2,308 | 36 | 29 | ... | 13 | ... | ... | ... | ... | ... |
| Bengal | | | | | | | | | | | |
| | 1943 | 24,180 | 43 | 2,152 | 5 | 89 | 0·2 | 8 | 3 | 0·3 | 0·1 |
| | 1944 | 20,889 | 47 | 1,230 | 2 | 59 | 0·09 | 10 | 1 | 0·5 | 0·05 |
| | 1945 | 19,022 | 41 | 1,206 | 1 | 63 | 0·05 | 5 | 2 | 0·3 | 0·1 |
| Central Provinces | | | | | | | | | | | |
| | 1943 | 8,652 | 26 | 51 | 1 | 5·9 | 0·1 | 2 | 1 | 0·2 | .. |
| | 1944 | 6,523 | 25 | 91 | ... | 14 | ... | | ... | ... | ... |
| | 1945 | 5,267 | 20 | 51 | ... | 9·7 | ... | 2 | ... | 0·4 | ... |
| Bombay | | | | | | | | | | | |
| | 1943 | 18,490 | 17 | 109 | ... | 6 | ... | ... | ... | ... | ... |
| | 1944 | 13,796 | 16 | 51 | ... | 3·7 | ... | ... | ... | ... | .. |
| | 1945 | 11,628 | 15 | 72 | ... | 6·2 | ... | ... | .. | ... | ... |
| Sind | | | | | | | | | | | |
| | 1943 | 9,410 | 25 | 63 | ... | 7 | ... | ... | ... | ... | ... |
| | 1944 | 8,556 | 24 | 41 | 1 | 4·8 | 0·1 | | ... | ... | ... |
| | 1945 | 9,424 | 28 | 75 | ... | 7·9 | ... | ... | ... | ... | ... |
| Madras | | | | | | | | | | | |
| | 1943 | 24,331 | 13 | 163 | 5 | 6·7 | 0·2 | 15 | 9 | 0·6 | 0·4 |
| | 1944 | 21,012 | 12 | 98 | 1 | 4·7 | 0·05 | ... | ... | ... | ... |
| | 1945 | 19,076 | 10 | 237 | 2 | 12·4 | 0·1 | ... | ... | ... | ... |
| Assam | | | | | | | | | | | |
| | 1943 | 4,112 | 26 | 55 | 1 | 13 | 0·2 | ... | ... | ... | ... |
| | 1944 | 3,998 | 30 | 44 | 1 | 11 | 0·3 | 2 | 2 | 0·5 | 0·5 |
| | 1945 | 3,740 | 22 | 60 | ... | 16 | ... | 1 | ... | 0·3 | ... |
| British India | | | | | | | | | | | |
| | 1943 | 184,411 | 27 | 3,895 | 18 | 21 | 0·1 | 97 | 31 | 0·5 | 0·2 |
| | 1944 | 156,456 | 27 | 2,481 | 6 | 16 | 0·04 | 50 | 10 | 0·3 | 0·06 |
| | 1945 | 121,723 | 25 | 1,062 | 3 | 8·7 | 0·02 | 25 | 6 | 0·2 | 0·05 |

## DIX.

OF PRISONERS IN DISTRICTS AND CENTRAL JAILS IN BRITISH INDIA.

| Smallpox | | | | Enteric fever. | | | | Malaria. | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Actuals. | | Ratios. | | Actuals. | | Ratios. | | Actuals. | | Ratios. | |
| A. | D. | A. | D. | A. | D. | A. | D. | A. | D. | A. | D. |
| 1 | ... | 0·2 | ... | 27 | 4 | 4·2 | 0·6 | 2,592 | 2 | 402 | 0·3 |
| 1 | ... | 0·2 | ... | 16 | 1 | 3·1 | 0·2 | 1,705 | 3 | 326 | 0·6 |
| 1 | ... | 0·2 | ... | 12 | 1 | 2·9 | 0·2 | 871 | 3 | 208 | 0·7 |
| 3 | ... | 0·2 | ... | 63 | 5 | 3·2 | 0·3 | 7,667 | 15 | 389 | 0·8 |
| 2 | 1 | 0·1 | 0·05 | 63 | 8 | 3·3 | 0·4 | 10,017 | 27 | 514 | 1·4 |
| ... | ... | ... | ... | 60 | 7 | 3·2 | 0·4 | 7,356 | 16 | 388 | 0·8 |
| 12 | 1 | 0·3 | 0·2 | 157 | 9 | 3·8 | 0·2 | 14,458 | 24 | 359 | 0·6 |
| 50 | ... | 1·5 | ... | 56 | 6 | 1·6 | 0·2 | 8,157 | 16 | 240 | 0·5 |
| 16 | 2 | 0·5 | 0·06 | 57 | 7 | 1·9 | 0·2 | 6,496 | 12 | 214 | 0·4 |
| 20 | ... | 0·8 | ... | 76 | 10 | 2·8 | 0·4 | 2,642 | 27 | 99 | 1·2 |
| 14 | 2 | 0·7 | 0·09 | 36 | 3 | 1·7 | 0·1 | 1,977 | 10 | 95 | 0·5 |
| 24 | 2 | 1·4 | 0·1 | 42 | 1 | 2·5 | 0·06 | 1,285 | 7 | 77 | 0.4 |
| ... | ... | ... | ... | 4 | ... | 1·8 | ... | 320 | 1 | 147 | 0·5 |
| 10 | 1 | 4·3 | 0·4 | 1 | ... | 0·4 | ... | 595 | 6 | 256 | 2·6 |
| ... | ... | ... | ... | 3 | ... | 1·3 | ... | 348 | 3 | 151 | 1·3 |
| 59 | 19 | 2·4 | 0·8 | 29 | 7 | 1·2 | 0·3 | 11,779 | 59 | 487 | 2·4 |
| 111 | 39 | 5·3 | 1·9 | 22 | 5 | 1·1 | 0·2 | 9,306 | 74 | 446 | 3·5 |
| 25 | 3 | 1·5 | 0·2 | 26 | 5 | 1·4 | 0·3 | 7,124 | 45 | 375 | 2·4 |
| ... | ... | ... | ... | 34 | 4 | 3·9 | 0.5 | 1,482 | 6 | 171 | 0·7 |
| 5 | ... | 0·8 | ... | 12 | ... | 1·8 | ... | 1,186 | 2 | 182 | 0·3 |
| 5 | 1 | 0·9 | 0·2 | 12 | ... | 2·3 | ... | 909 | 4 | 173 | 0·8 |
| 12 | | | | | | | | | | | |
| 10 | 3 | 0·6 | ... | 26 | ... | 1·4 | ... | 4,626 | 9 | 250 | 0·5 |
| 3 | ... | 0·7 | 0·2 | 14 | 4 | 1·0 | 0·3 | 5,187 | 5 | 376 | 0·4 |
| | | 0·3 | ... | 3 | ... | 0·3 | ... | 2,732 | 2 | 235 | 0·2 |
| 1 | ... | 0·1 | ... | 16 | 3 | 1·7 | 0·3 | 2,977 | 21 | 316 | 2·2 |
| ... | ... | ... | ... | 29 | 10 | 3·4 | 1·2 | 3,426 | 21 | 400 | 2·5 |
| 5 | ... | 0·5 | ... | 35 | 7 | 3·5 | 0·7 | 3,006 | 27 | 319 | 2·9 |
| 1 | | | | | | | | | | | |
| 7 | ... | 0·04 | ... | 6 | 1 | 0·2 | 0·04 | 180 | 6 | 7·4 | 0·2 |
| 15 | 3 | 0·3 | 0·14 | 3 | ... | 0·1 | ... | 395 | 4 | 19 | 0·2 |
| | ... | 0·8 | ... | 9 | 1 | 0·5 | 0·05 | 374 | 6 | 20 | 0·3 |
| 5 | | | | | | | | | | | |
| 7 | ... | 1·2 | ... | 18 | ... | 2·6 | ... | 430 | 8 | 105 | 1·9 |
| 1 | 1 | 1·8 | 0·25 | 25 | 2 | 3·8 | 0·5 | 486 | 11 | 122 | 2·8 |
| | ... | 0·3 | ... | 7 | 2 | 1·9 | 0·5 | 446 | 8 | 119 | 2·1 |
| 114 | 0 | 0·6 | 0·1 | | | | | | | | |
| 217 | 50 | 1·4 | 0·3 | 456 | 43 | 2·5 | 0·2 | 49,153 | 178 | 267 | 1·0 |
| 70 | 5 | 0·5 | 0·03 | 277 | 39 | 1·8 | 0·3 | 42,437 | 179 | 271 | 1·0 |
| | | | | 240 | 26 | 2 | 0·2 | 23,823 | 88 | 196 | 0·7 |

APPEN

TABLE SHOWING SICKNESS

| Provinces | | Average daily population. | Constantly sick rate. | Pyrexia of uncertain origin. | | | | Tubercule of the lungs. | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Actuals. | | Ratios. | | Actuals. | | Ratios. | |
| | | | | A. | D. | A. | D. | A. | D. | A. | D. |
| **North West-Frontier Province** | | | | | | | | | | | |
| | 1943 | 6,446 | 27 | 14 | ... | 2 | ... | 51 | 16 | 8 | 2·5 |
| | 1944 | 5,231 | 27 | 7 | ... | 1·3 | ... | 67 | 13 | 13 | 2·5 |
| | 1945 | 4,193 | 27 | 156 | ... | 37·2 | ... | 43 | 16 | 10 | 3·8 |
| **Punjab** | | | | | | | | | | | |
| | 1943 | 19,717 | 24 | 312 | 2 | 16 | 0·1 | 99 | 19 | 5 | 1·0 |
| | 1944 | 19,372 | 25 | 313 | 5 | 16 | 0·26 | 126 | 23 | 7 | 1·2 |
| | 1945 | 18,970 | 26 | 122 | 4 | 6·4 | 0·2 | 138 | 22 | 7·3 | 1·2 |
| **United Provinces** | | | | | | | | | | | |
| | 1943 | 40,318 | 25 | 2,588 | 3 | 64 | 0·07 | 250 | 65 | 6·2 | 1·6 |
| | 1944 | 33,892 | 23 | 834 | 6 | 25 | 0·18 | 225 | 39 | 6·6 | 1·2 |
| | 1945 | 30,429 | 24 | 724 | 5 | 24 | 0·16 | 177 | 37 | 5·8 | 1·2 |
| **Bihar** | | | | | | | | | | | |
| | 1943 | 26,584 | 36 | 189 | 1 | 7 | 0·04 | 228 | 102 | 9 | 3·8 |
| | 1944 | 20,866 | 38 | 42 | 1 | 2 | 0·05 | 226 | 112 | 9 | 5·3 |
| | 1945 | 16,688 | 37 | 15 | ... | 0·9 | ... | 122 | 60 | 7 | 3·6 |
| **Orissa** | | | | | | | | | | | |
| | 1943 | 2,171 | 23 | 12 | 1 | 5·5 | 0·5 | 4 | 2 | 2 | 0·9 |
| | 1944 | 2,321 | 34 | 48 | ... | 2·1 | ... | 7 | 6 | 3 | 2·6 |
| | 1945 | 2,308 | 36 | 19 | 1 | 8·2 | 0·4 | 4 | 2 | 1·7 | 0·8 |
| **Bengal** | | | | | | | | | | | |
| | 1943 | 24,180 | 43 | 307 | 2 | 13 | 0 08 | 188 | 64 | 8 | 2·6 |
| | 1944 | 20,889 | 47 | 62 | 1 | 3 | 0·05 | 146 | 48 | 7 | 2·3 |
| | 1945 | 19,022 | 41 | 146 | 2 | 8 | 0·10 | 157 | 30 | 8 | 1·6 |
| **Central Provinces** | | | | | | | | | | | |
| | 1943 | 8,652 | 26 | 107 | 3 | 12 | 0·34 | 7 | 2 | 0·8 | 0·2 |
| | 1944 | 6,523 | 25 | 58 | ... | 9 | ... | 43 | 16 | 7 | 2·5 |
| | 1945 | 5,267 | 20 | 41 | ... | 8 | ... | 25 | 7 | 5 | 1·3 |
| **Bombay** | | | | | | | | | | | |
| | 1943 | 18,490 | 17 | 30 | ... | 1·6 | ... | 85 | 25 | 5 | 1·4 |
| | 1944 | 13,796 | 16 | 31 | ... | 1·1 | ... | 85 | 19 | 6·1 | 1·4 |
| | 1945 | 11,628 | 15 | 12 | ... | 1·0 | ... | 46 | 12 | 4 | 1·0 |
| **Sind** | | | | | | | | | | | |
| | 1943 | 9,410 | 25 | 8 | ... | 0·8 | .. | 2 | ... | 0·2 | ... |
| | 1944 | 8,556 | 24 | 11 | ... | 1·2 | ... | 17 | 14 | 2·0 | 1·6 |
| | 1945 | 9,424 | 28 | 6 | ... | 0·6 | ... | 21 | 11 | 2·2 | 1·1 |
| **Madras** | | | | | | | | | | | |
| | 1943 | 24,331 | 13 | 137 | ... | 5·6 | ... | 118 | 45 | 5 | 1·9 |
| | 1944 | 21,012 | 12 | 113 | 2 | 5 | 0·09 | 86 | 44 | 4 | 2·1 |
| | 1945 | 19,076 | 10 | 133 | 1 | 7 | 0·05 | 126 | 42 | 7 | 2·2 |
| **Assam** | | | | | | | | | | | |
| | 1943 | 4,112 | 26 | 17 | ... | 4 | ... | 21 | 10 | 5 | 2·4 |
| | 1944 | 3,998 | 30 | 58 | 1 | 15 | 0·3 | 10 | 7 | 3 | 1·8 |
| | 1945 | 3,740 | 22 | 45 | 3 | 12 | 0·8 | 3 | ... | 0·8 | ... |
| **British India** | | | | | | | | | | | |
| | 1943 | 184,411 | 27 | 3,721 | 12 | 20 | 0·06 | 1,053 | 350 | 5·7 | 1·9 |
| | 1944 | 155,456 | 27 | 1,577 | 16 | 10 | 0·10 | 1,038 | 341 | 6·6 | 2·2 |
| | 1945 | 121,723 | 25 | 1,277 | 14 | 10·5 | 0·09 | 705 | 209 | 5·8 | 1·7 |

DIX—*contd.*

AND MORTALITY—*contd.*

| Pneumonia. | | | | Other respiratory diseases. | | | | Dysentery. | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Actuals. | | Ratios. | | Actuals. | | Ratios. | | Actuals. | | Ratios. | |
| A. | D. | A. | D. | A. | D. | A. | D. | A. | D. | A. | D. |
| 162 | 7 | 25 | 1 | 221 | 3 | 34 | 0·5 | 59 | 1 | 9 | 0·2 |
| 87 | 10 | 17 | 2 | 189 | 3 | 36 | 0·6 | 34 | ... | 6·5 | ... |
| 89 | 9 | 21 | 2 | 185 | ... | 44 | ... | 55 | ... | 13 | ... |
| 184 | 20 | 9 | 1·0 | 433 | 4 | 22 | 0·2 | 94 | 4 | 5 | 0·2 |
| 130 | 10 | 7 | 0·5 | 436 | 10 | 22 | 0·5 | 52 | ... | 3 | ... |
| 132 | 15 | 7 | 0·8 | 362 | 5 | 19 | 0·3 | 123 | 5 | 6·5 | 0·3 |
| 486 | 98 | 12 | 2·4 | 1563 | 42 | 39 | 1·0 | 1307 | 27 | 32 | 0·7 |
| 358 | 38 | 11 | 1·1 | 1273 | 17 | 38 | 0·5 | 662 | 13 | 20 | 0·4 |
| 346 | 49 | 11·4 | 1·6 | 1003 | 23 | 33 | 0·8 | 630 | 8 | 21 | 0·3 |
| 444 | 64 | 17 | 2·4 | 933 | 15 | 35 | 0·6 | 2094 | 156 | 79 | 5·9 |
| 177 | 29 | 8 | 1·4 | 660 | 14 | 32 | 0·7 | 1576 | 56 | 76 | 2·7 |
| 134 | 15 | 8 | 0·9 | 138 | 2 | 15 | 0·1 | 799 | 28 | 48 | 1·7 |
| 12 | ... | 6 | ... | 25 | 1 | 12 | 0·46 | 47 | 5 | 22 | 2·3 |
| 45 | 2 | 19 | 0·86 | 52 | 2 | 22 | 0·86 | 177 | 4 | 76 | 1·7 |
| 29 | 1 | 13 | 0·4 | 49 | 5 | 21 | 2·2 | 96 | 1 | 42 | 0·4 |
| 562 | 71 | 23 | 2·9 | 634 | 15 | 26 | 0·6 | 2,527 | 103 | 104 | 4·3 |
| 398 | 55 | 19 | 2·6 | 802 | 22 | 38 | 1·1 | 1,497 | 35 | 72 | 1·7 |
| 223 | 18 | 12 | 0·9 | 850 | 10 | 45 | 0·5 | 1,246 | 20 | 66 | 1·0 |
| 147 | 20 | 16·9 | 2·3 | 298 | 2 | 34 | 2·4 | 648 | 9 | 75 | 1·0 |
| 100 | 8 | 15·3 | 1·2 | 192 | 5 | 29 | 0·8 | 463 | 4 | 71 | 0·6 |
| 41 | ... | 7·8 | ... | 140 | 2 | 27 | 0·4 | 275 | 1 | 52 | 0·2 |
| 110 | 15 | 6·0 | 0·8 | 365 | 7 | 20 | 0·4 | 443 | 2 | 24 | 0·1 |
| 75 | 6 | 5·4 | 0·4 | 267 | 3 | 19 | 0·2 | 262 | 2 | 18 | 0·1 |
| 95 | 10 | 8·2 | 0·9 | 260 | 2 | 22 | 0·2 | 308 | 3 | 26 | 0·3 |
| 566 | 115 | 60 | 12·2 | 237 | 3 | 25 | 0·3 | 886 | 22 | 94 | 2·3 |
| 170 | 32 | 20 | 3·7 | 247 | 5 | 29 | 0·6 | 855 | 15 | 100 | 1·6 |
| 205 | 27 | 22 | 2·9 | 274 | 6 | 29·1 | 0·6 | 892 | 8 | 95 | 0·8 |
| 112 | 25 | 5 | 1·0 | 181 | 10 | 7 | 0·4 | 149 | 9 | 6 | 0·4 |
| 65 | 10 | 3 | 0·5 | 178 | 19 | 9 | 0·9 | 157 | 9 | 8 | 0·4 |
| 84 | 11 | 4 | 0·6 | 166 | 11 | 9 | 0·6 | 196 | 18 | 10 | 0·9 |
| 54 | 11 | 13 | 2·7 | 124 | 2 | 30 | 0·5 | 338 | 23 | 82 | 5·6 |
| 52 | 7 | 13 | 1·8 | 71 | 5 | 18 | 1·3 | 588 | 46 | 147 | 11·5 |
| 68 | 7 | 18 | 1·8 | 85 | 2 | 23 | 0·5 | 410 | 12 | 110 | 3·2 |
| 2,839 | 446 | 15 | 2·4 | 5,014 | 123 | 27 | 0·7 | 8,592 | 361 | 47 | 2·0 |
| 1,657 | 207 | 11 | 1·3 | 4,367 | 105 | 28 | 0·7 | 6,323 | 184 | 40 | 1·2 |
| 1,223 | 144 | 10 | 1·2 | 2,662 | 58 | 22 | 0·5 | 3,784 | 84 | 31 | 0·7 |

**APPEN**

TABLE SHOWING SICKNESS

| Provinces | | Average daily population. | Constantly sick rate. | Diarrhoea. | | | |
|---|---|---|---|---|---|---|---|
| | | | | Actuals. | | Ratios. | |
| | | | | A. | D. | A. | D. |
| Nerth West-Frontier Province | | | | | | | |
| | 1943 | 6,446 | 27 | 63 | 1 | 10 | 0·2 |
| | 1944 | 5,231 | 27 | 51 | ... | 10 | 0·2 |
| | 1945 | 4,193 | 27 | 39 | ... | ... | ... |
| Punjab | | | | | | | |
| | 1943 | 19,717 | 24 | 216 | 10 | 11 | 0·5 |
| | 1944 | 19,372 | 25 | 233 | 5 | 12 | 0·3 |
| | 1945 | 18,970 | 26 | 301 | 12 | 16 | 0·6 |
| United Provinces | | | | | | | |
| | 1943 | 40,318 | 25 | 1057 | 49 | 26·2 | 1·2 |
| | 1944 | 33,892 | 23 | 723 | 21 | 21·3 | 0·6 |
| | 1945 | 30,429 | 24 | 773 | 11 | 25 | 0·4 |
| Bihar | | | | | | | |
| | 1943 | 26,584 | 36 | 483 | 3 | 18 | 0·11 |
| | 1944 | 20,866 | 38 | 275 | 3 | 13 | 0·14 |
| | 1945 | 16,688 | 37 | 250 | 2 | 15 | 0·1 |
| Orissa | | | | | | | |
| | 1943 | 2,171 | 23 | 136 | ... | 63 | ... |
| | 1944 | 2,321 | 34 | 121 | 2 | 52 | 0·86 |
| | 1945 | 2,308 | 36 | 73 | 1 | 32 | 0·4 |
| Bengal | | | | | | | |
| | 1943 | 24,180 | 43 | 778 | 12 | 32 | 0·5 |
| | 1944 | 20,889 | 47 | 776 | 13 | 37 | 0·6 |
| | 1945 | 19,022 | 41 | 949 | 4 | 50 | 0·2 |
| Central Provinces | | | | | | | |
| | 1943 | 8,652 | 26 | 224 | 12 | 26 | 1·4 |
| | 1944 | 6,523 | 25 | 136 | 4 | 21 | 0·6 |
| | 1945 | 5,267 | 20 | 113 | 1 | 21 | 0·2 |
| Bombay | | | | | | | |
| | 1943 | 18,490 | 17 | 704 | 1 | 38 | 0·07 |
| | 1944 | 13,796 | 16 | 399 | 4 | 29 | 0·29 |
| | 1945 | 11,628 | 15 | 284 | 2 | 24 | 0·2 |
| Sind | | | | | | | |
| | 1943 | 9,410 | 25 | 301 | 66 | 32 | 7 |
| | 1944 | 8,556 | 24 | 212 | 22 | 25 | 2·6 |
| | 1945 | 9,424 | 28 | 200 | 14 | 21 | 1·5 |
| Madras | | | | | | | |
| | 1943 | 24,331 | 13 | 41 | 3 | 1·7 | 0·12 |
| | 1944 | 21,012 | 12 | 56 | 5 | 2·7 | 0·24 |
| | 1945 | 19,076 | 10 | 73 | 5 | 3·8 | 0·26 |
| Assam | | | | | | | |
| | 1943 | 4,112 | 26 | 28 | 1 | 7 | 0·2 |
| | 1944 | 3,998 | 30 | 37 | 3 | 9 | 0 8 |
| | 1945 | 3,740 | 22 | 45 | 3 | 12 | 0·8 |
| British India | | | | | | | |
| | 1943 | 184,411 | 26 | 4,031 | 158 | 21·9 | 0·9 |
| | 1944 | 156,456 | 27 | 3,019 | 82 | 19 | 0·5 |
| | 1945 | 121,723 | 25 | 2,151 | 51 | 18 | 0·4 |

**DIX—*concld.***

AND MORTALITY—*concld.*

| Anaemia and Debility. | | | | All Causes. | | | |
|---|---|---|---|---|---|---|---|
| Actuals. | | Ratios. | | Actuals. | | Ratios. | |
| A. | D. | A. | D. | A. | D. | A. | D. |
| 19 | 1 | 3 | 0·4 | 4,449 | 55 | 690 | 8·5 |
| 56 | ... | 11 | 0·2 | 3,164 | 41 | 604 | 7·8 |
| 29 | 1 | 7 | 0·2 | 2,464 | 41 | 588 | 9·7 |
| 183 | 7 | 9 | 0·35 | 16,437 | 169 | 834 | 8·2 |
| 186 | 7 | 10 | 0·36 | 17,030 | 155 | 879 | 8 |
| 223 | 4 | 11·8 | 0·21 | 11,621 | 120 | 613 | 6·3 |
| 562 | 20 | 14 | 0·5 | 33,500 | 511 | 881 | 12·7 |
| 484 | 15 | 14 | 0·44 | 21,165 | 285 | 624 | 8·4 |
| 526 | 13 | 17 | 0·4 | 18,151 | 284 | 597 | 9·3 |
| 137 | 6 | 5·2 | 0·2 | 12,232 | 549 | 460 | 20·6 |
| 128 | 5 | 6·1 | 0·2 | 8,587 | 356 | 411 | 17 |
| 110 | 1 | 6·6 | 0·06 | 6,201 | 186 | 372 | 11·1 |
| 15 | ... | 7 | ... | 1,292 | 20 | 595 | 9·2 |
| 25 | ... | 11 | ... | 1,736 | 27 | 748 | 11·6 |
| 35 | ... | 15 | ... | 1,171 | 31 | 507 | 13·4 |
| 607 | 42 | 25 | 1·7 | 28,713 | 586 | 1,187 | 24·2 |
| 740 | 79 | 35 | 3·8 | 24,185 | 512 | 1,158 | 24·5 |
| 624 | 30 | 33 | 1·6 | 21,940 | 258 | 1,153 | 13·6 |
| 54 | 6 | 6 | 0·7 | 5,288 | 128 | 611 | 14·8 |
| 114 | 13 | 18 | 2·0 | 3,995 | 91 | 612 | 14·0 |
| 91 | 14 | 17 | 2·7 | 2,928 | 57 | 555 | 10·8 |
| 282 | 4 | 15·3 | 0.2 | 9,567 | 118 | 517 | 6·4 |
| 183 | 8 | 13.3 | 0·58 | 8,453 | 90 | 612 | 6·5 |
| 108 | 3 | 9.3 | 0.3 | 5,720 | 72 | 492 | 6·2 |
| 172 | 14 | 18 | 1·5 | 7,238 | 322 | 769 | 34·2 |
| 127 | 15 | 15 | 1·8 | 6,840 | 195 | 799 | 22·8 |
| 102 | 14 | 11 | 1·5 | 7,006 | 139 | 743 | 14·7 |
| 81 | 8 | 3·3 | 0·3 | 3,569 | 308 | 147 | 12·7 |
| 178 | 14 | 8·5 | 0·6 | 3,457 | 294 | 165 | 16·0 |
| 112 | 7 | 5·9 | 0·4 | 3,177 | 239 | 167 | 12·5 |
| 46 | 7 | 11 | 1·7 | 1,574 | 96 | 383 | 23 |
| 76 | 19 | 19 | 4·8 | 1,890 | 134 | 473 | 34 |
| 45 | 4 | 12 | 1·7 | 1,573 | 68 | 421 | 18 |
| 2,158 | 115 | 11·7 | 0·6 | 123,859 | 2,862 | 672 | 15·5 |
| 2,297 | 175 | 14·7 | 1·1 | 100,502 | 2,180 | 642 | 14·0 |
| 1,381 | 61 | 11·3 | 0·5 | 81,952 | 1,438 | 673 | 11·8 |

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# STATISTICAL APPENDICES
TO
# ANNUAL REPORTS
OF THE
# PUBLIC HEALTH COMMISSIONER WITH THE GOVERNMENT OF INDIA
## FOR THE PERIOD 1940-1944

PRINTED IN INDIA FOR THE MANAGER OF PUBLICATIONS, DELHI
BY THE MANAGER, GOVERNMENT OF INDIA PRESS, SIMLA 1947

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*New Delhi, India.*

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# EXPLANATORY NOTE.

During the years of war with consequent restrictions on the facilities available for printing and paper, the publication of the vital statistical appendix to the Annual Report of the Public Health Commissioner had to be suspended. Now with the gradual return to peace-time conditions vital statistics for the years 1940-44 are being presented in this brochure in the usual form.

It is satisfactory to record that this has been made possible by the Province having continued to collect these statistics in this period of stress. There is no reason to believe that the quality of this work deteriorated in any particular manner from its pre-war standard.

The decision of the Government of India to omit compilation of tables showing age compositon of the population as at 1941 census necessitated by the contingencies of war has been a major handicap in applying the vital statistical data for a study of relevant events. The Population Data Committee appointed by the Government of India in 1944 has brought out that age tables based on complete enumeration are available for Delhi and Ajmer-Merwara only. Age tables based on sample slips are available for Bengal, Punjab, Sind, North-West Frontier Province, Bombay and Orissa. Similar tables for Bihar, Assam and Baluchistan are not satisfactory., Age tables are not available at all for U.P., Madras, C.P. and Berar, and Coorg. As a consequence the tables showing estimated population by age and sex, death-rate according to the age and sex, and standardised death-rate have had to be omitted.

The results of 1941 census brought out even more clearly the disparity between population estimates based on birth and death records and actual enumeration. The magnitude of this disparity varies between provinces. In Bengal the increase based on vital statistical records was only 40% of the actual. In North-West Frontier Province, Delhi, Assam & Sind the divergence was nearly of the same level. This divergence is hardly explainable by any doubts on the accuracy of the census figures themselves. The serious under-reporting of births and deaths in India is a generally accepted fact. Accordingly the population estimates used for calculating the various rates have been made on simple arithmetical extrapolation in place of the more obvious natural increase method. In cases where recorded deaths exceed births, as in Bengal during the famine years, the increase for the year has not been added and the population estimated for the previous year has been used as a comparatively more plausible estimate for the purpose of calculating rates only.

Another departure from the previous form is the omission of the list of scientific papers published in the Indian Journals due to lack of space. Tables 24 & 25 dealing with statistics of tubercular patients and deaths by causes in Indian States have been added for the first time, on account of the very particular interest that centres round these.

Wherever maximum, medium and minimum figures are given, they are based on the period 1937-41 which is believed to be the latest quinquennium after which the effects of war conditions were felt on Indian life. There is a strong case for reviewing the vital statistical records of the previous years in order to show the present trends, but due to considerations of time and space the matter has been deferred to a more suitable time. It may, in conclusion, be stated that the main aim has been to present the primary vital statistical figures which have been already held up from publication so far.

# SECTION I

## TABLE 1.—MID-YEAR ESTIMATED POPULATION OF REGISTRATION AREAS BY RURAL AND URBAN AND BY SEX.

| | Rural. | Urban. | Total. | Male. | Female. | Area in Square miles. | Density per Square mile. |
|---|---|---|---|---|---|---|---|
| **N.W.F.P.—** | | | | | | | |
| 1940 | 2,417,154 | 522,744 | 2,939,898 | 1,597,420 | 1,342,478 | 13,308 | 221 |
| 1941 | 2,461,067 | 541,101 | 3,002,168 | 1,632,660 | 1,369,508 | 13,308 | 226 |
| 1942 | 2,504,979 | 559,459 | 3,064,438 | 1,667,900 | 1,396,538 | 13,308 | 230 |
| 1943 | 2,548,892 | 577,816 | 3,126,708 | 1,703,140 | 1,423,568 | 13,308 | 235 |
| 1944 | 2,592,804 | 596,174 | 3,188,978 | 1,738,380 | 1,450,598 | 13,308 | 240 |
| **Punjab—** | | | | | | | |
| 1940 | 24,034,837 | 4,021,909 | 28,056,746 | 15,194,516 | 12,862,230 | 96,503 | 291 |
| 1941 | 24,410,453 | 4,129,029 | 28,539,482 | 15,444,247 | 13,095,235 | 96,503 | 296 |
| 1942 | 24,786,068 | 4,236,150 | 29,022,218 | 15,693,978 | 13,328,240 | 96,503 | 301 |
| 1943 | 25,161,684 | 4,343,270 | 29,504,954 | 15,943,709 | 13,561,245 | 96,503 | 306 |
| 1944 | 25,537,299 | 4,450,391 | 29,987,690 | 16,193,440 | 13,794,250 | 96,503 | 311 |
| **Delhi—** | | | | | | | |
| 1940 | 239,122 | 660,035 | 899,157 | 524,188 | 374,969 | 572 | 1,572 |
| 1941 | 243,628 | 683,698 | 927,326 | 540,762 | 386,564 | 572 | 1,621 |
| 1942 | 248,134 | 707,361 | 955,495 | 557,336 | 398,159 | 572 | 1,670 |
| 1943 | 252,640 | 731,024 | 983,664 | 573,910 | 409,754 | 572 | 1,720 |
| 1944 | 257,146 | 754,687 | 1,011,833 | 590,484 | 421,349 | 572 | 1,769 |
| **U.P.—** | | | | | | | |
| 1940 | 47,877,244 | 6,702,569 | 54,579,813 | 28,632,524 | 25,947,289 | 106,149 | 515 |
| 1941 | 48,394,035 | 6,846,992 | 55,241,027 | 28,974,061 | 26,266,966 | 106,149 | 520 |
| 1942 | 48,910,827 | 6,991,414 | 55,902,241 | 29,315,598 | 26,586,643 | 106,149 | 527 |
| 1943 | 49,427,618 | 7,135,837 | 56,563,455 | 29,657,135 | 26,906,320 | 106,149 | 533 |
| 1944 | 49,944,410 | 7,280,259 | 57,224,669 | 29,998,672 | 27,225,997 | 106,149 | 539 |
| **Bihar—** | | | | | | | |
| 1940 | 34,457,232 | 1,618,101 | 36,075,333 | 18,092,340 | 17,982,993 | 69,745 | 517 |
| 1941 | 34,823,209 | 1,649,348 | 36,472,557 | 18,290,470 | 18,182,087 | 69,745 | 523 |
| 1942 | 35,189,185 | 1,680,596 | 36,869,781 | 18,488,600 | 18,381,181 | 69,745 | 529 |
| 1943 | 35,555,162 | 1,711,843 | 37,267,005 | 18,686,730 | 18,580,275 | 69,745 | 534 |
| 1944 | 35,555,162 | 1,711,843 | 37,267,005 | 18,686,730 | 18,580,275 | 69,745 | 534 |
| **Orissa—** | | | | | | | |
| 1940 | 7,165,245 | 313,873 | 7,479,118 | 3,588,798 | 3,890,320 | 21,894 | 342 |
| 1941 | 7,198,283 | 324,273 | 7,522,556 | 3,612,634 | 3,909,922 | 21,894 | 344 |
| 1942 | 7,231,321 | 334,673 | 7,565,994 | 3,636,471 | 3,929,523 | 21,894 | 346 |
| 1943 | 7,264,359 | 345,073 | 7,609,432 | 3,660,307 | 3,949,125 | 21,894 | 348 |
| 1944 | 7,264,359 | 345,073 | 7,609,432 | 3,660,307 | 3,949,125 | 21,894 | 348 |
| **Bengal—** | | | | | | | |
| 1940 | 53,922,253 | 5,460,100 | 59,382,353 | 31,237,351 | 28,145,002 | 72,514 | 819 |
| 1941 | 54,729,168 | 5,668,870 | 60,398,038 | 31,806,186 | 28,591,852 | 72,514 | 833 |
| 1942 | 55,536,084 | 5,877,639 | 61,413,723 | 32,375,020 | 29,038,703 | 72,435 | 848 |
| 1943 | 55,536,084 | 5,877,639 | 61,413,723 | 32,375,020 | 29,038,703 | 72,435 | 848 |
| 1944 | 55,536,084 | 5,877,639 | 61,413,723 | 32,375,020 | 29,038,703 | 72,435 | 848 |
| **C.P.—** | | | | | | | |
| 1940 | 14,648,067 | 2,066,152 | 16,714,219 | 8,379,672 | 8,334,547 | 98,575 | 169 |
| 1941 | 14,755,698 | 2,107,574 | 16,863,272 | 8,455,586 | 8,407,686 | 98,575 | 171 |
| 1942 | 14,863,328 | 2,148,997 | 17,012,325 | 8,531,500 | 8,480,825 | 98,575 | 173 |
| 1943 | 14,970,958 | 2,190,420 | 17,161,378 | 8,607,414 | 8,553,964 | 98,575 | 174 |
| 1944 | 15,078,589 | 2,231,842 | 17,310,431 | 8,683,328 | 8,627,103 | 98,575 | 176 |
| **Bombay—** | | | | | | | |
| 1940 | 15,364,293 | 5,261,497 | 20,625,790 | 10,688,281 | 9,937,509 | 76,389 | 270 |
| 1941 | 15,521,163 | 5,389,492 | 20,910,655 | 10,836,628 | 10,074,027 | 76,389 | 274 |
| 1942 | 15,678,033 | 5,517,487 | 21,195,520 | 10,984,975 | 10,210,545 | 76,389 | 277 |
| 1943 | 15 834,903 | 5,645,482 | 21,480,385 | 11,133,322 | 10,347,063 | 76,389 | 281 |
| 1944 | 15,991,773 | 5,773,477 | 21,765,250 | 11,281,669 | 10,483,581 | 76,389 | 285 |

## TABLE 1.—MID-YEAR ESTIMATED POPULATION OF REGISTRATION AREAS BY RURAL AND URBAN AND BY SEX—*contd.*

| | Rural. | Urban. | Total. | Male. | Female. | Area in Square miles. | Density per Square mile. |
|---|---|---|---|---|---|---|---|
| **Sind—** | | | | | | | |
| 1940 | 3,612,665 | 861,812 | 4,474,477 | 2,457,932 | 2,016,545 | 48,136 | 93 |
| 1941 | 3,654,133 | 884,425 | 4,538,558 | 2,488,471 | 2,050,087 | 48,136 | 94 |
| 1942 | 3,695,601 | 907,038 | 4,602,639 | 2,519,010 | 2,083,629 | 48,136 | 96 |
| 1943 | 3,737,069 | 929,651 | 4,666,720 | 2,549,549 | 2,117,171 | 48,136 | 97 |
| 1944 | 3,778,537 | 952,264 | 4,730,801 | 2,580,088 | 2,150,713 | 48,136 | 98 |
| **Madras—** | | | | | | | |
| 1940 | 41,021,665 | 7,753,811 | 48,775,476 | 24,265,447 | 24,510,029 | 123,050 | 396 |
| 1941 | 41,372,396 | 7,920,421 | 49,292,817 | 24,535,082 | 24,757,735 | 123,050 | 401 |
| 1942 | 41,723,127 | 8,087,031 | 49,810,158 | 24,804,718 | 25,005,440 | 123,050 | 405 |
| 1943 | 42,073,858 | 8,253,641 | 50,327,499 | 25,074,353 | 25,253,146 | 123,050 | 409 |
| 1944 | 42,424,589 | 8,420,251 | 50,844,840 | 25,343,989 | 25,500,851 | 123,050 | 413 |
| **Coorg—** | | | | | | | |
| 1940 | 157,243 | 11,124 | 168,367 | 92,227 | 76,140 | 1,593 | 106 |
| 1941 | 157,644 | 11,263 | 168,907 | 92,404 | 76,503 | 1,593 | 106 |
| 1942 | 157,644 | 11,263 | 168,907 | 92,404 | 76,503 | 1,593 | 106 |
| 1943 | 157,644 | 11,263 | 168,907 | 92,404 | 76,503 | 1,593 | 106 |
| 1944 | 157,644 | 11,263 | 168,907 | 92,404 | 76,503 | 1,593 | 106 |
| **Assam—** | | | | | | | |
| 1940 | 9,058,765 | 259,481 | 9,318,246 | 4,933,723 | 4,384,523 | 31,382 | 297 |
| 1941 | 9,201,284 | 265,922 | 9,467,206 | 5,013,720 | 4,543,486 | 31,382 | 302 |
| 1942 | 9,343,803 | 272,363 | 9,616,166 | 5,093,717 | 4,522,449 | 31,382 | 306 |
| 1943 | 9,486,322 | 278,804 | 9,765,126 | 5,173,714 | 4,591,412 | 31,382 | 311 |
| 1944 | 9,486,322 | 278,804 | 9,765,126 | 5,173,714 | 4,591,412 | 31,382 | 311 |
| **Ajmer Merwara—** | | | | | | | |
| 1940 | 366,740 | 211,839 | 578,579 | 304,575 | 274,004 | 2,367 | 244 |
| 1941 | 371,023 | 215,229 | 586,252 | 308,474 | 277,778 | 2,367 | 248 |
| 1942 | 375,306 | 218,619 | 593,925 | 312,373 | 281,552 | 2,367 | 251 |
| 1943 | 379,589 | 222,009 | 601,598 | 316,272 | 285,326 | 2,367 | 254 |
| 1944 | 383,872 | 225,399 | 609,271 | 320,171 | 289,100 | 2,367 | 257 |
| **British India—** | | | | | | | |
| 1940 | 254,342,525 | 35,725,047 | 290,067,572 | 149,988,994 | 140,078,578 | 762,177 | 381 |
| 1941 | 257,293,184 | 36,637,637 | 293,930,821 | 152,031,385 | 141,899,436 | 762,177 | 385 |
| 1942 | 260,243,440 | 37,550,090 | 297,793,530 | 154,073,600 | 143,719,930 | 762,098 | 391 |
| 1943 | 262,386,782 | 38,253,772 | 300,640,554 | 155,646,979 | 145,093,575 | 762,098 | 394 |
| 1944 | 263,988,590 | 38,909,366 | 302,897,956 | 156,718,396 | 146,179,560 | 762,098 | 397 |

## TABLE 2.—BIRTHS IN RURAL AND URBAN AREAS.

| | Rural. | Urban. | Total. | Rate per mille: Rural. | Rate per mille: Urban. | Rate per mille: Total. |
|---|---|---|---|---|---|---|
| **N. W. F. P.** | | | | | | |
| 1937-41— | | | | | | |
| Max. | 62,283 | 10,244 | 72,527 | 28·5 | 30·3 | 28·7 |
| Med. | 61,674 | 9,990 | 71,707 | 27·8 | 29·0 | 28·0 |
| Min. | 53,552 | 9,630 | 63,182 | 21·7 | 17·8 | 21·0 |
| 1940 | 60,587 | 9,975 | 70,562 | 25·0 | 19·2 | 24·0 |
| 1941 | 53,552 | 9,630 | 63,182 | 21·7 | 17·8 | 21·0 |
| 1942 | 44,715 | 8,619 | 53,334 | 17·8 | 15·4 | 17·4 |
| 1943 | 44,140 | 8,819 | 52,959 | 17·6 | 15·2 | 16·9 |
| 1944 | 44,904 | 9,819 | 54,723 | 17·3 | 16·5 | 17·1 |
| **PUNJAB.** | | | | | | |
| 1937-41— | | | | | | |
| Max. | 1,033,071 | 138,287 | 1,165,837 | 44·7 | 38·1 | 43·8 |
| Med. | 990,265 | 131,622 | 1,127,385 | 41·6 | 35·6 | 41·0 |
| Min. | 968,576 | 122,151 | 1,090,727 | 40·6 | 32·7 | 39·5 |
| 1940 | 995,763 | 131,622 | 1,127,385 | 41·4 | 32·7 | 40·2 |
| 1941 | 990,265 | 138,287 | 1,128,552 | 40·6 | 33·5 | 39·5 |
| 1942 | 926,121 | 139,711 | 1,065,832 | 37·4 | 32·9 | 36·7 |
| 1943 | 822,875 | 133,951 | 956,826 | 32·7 | 30·8 | 32·4 |
| 1944 | 951,828 | 152,431 | 1,104,259 | 37·2 | 34·2 | 36·3 |
| **DELHI.** | | | | | | |
| 1937-41— | | | | | | |
| Max. | 12,071 | 25,996 | 37,207 | 54·8 | 44·6 | 47·7 |
| Med. | 10,792 | 22,069 | 33,920 | 46·0 | 42·7 | 43·6 |
| Min. | 10,258 | 20,701 | 31,143 | 45·1 | 35·0 | 37·7 |
| 1940 | 10,792 | 23,128 | 33,920 | 45·1 | 35·0 | 37·7 |
| 1941 | 11,211 | 25,996 | 37,207 | 46·0 | 38·0 | 40·1 |
| 1942 | 10,691 | 25,204 | 35,895 | 43·1 | 35·6 | 37·5 |
| 1943 | 8,235 | 25,524 | 33,759 | 32·6 | 34·9 | 34·3 |
| 1944 | 9,187 | 28,234 | 37,421 | 35·7 | 37·4 | 37·9 |
| **U. P.** | | | | | | |
| 1937-41— | | | | | | |
| Max. | 1,531,352 | 254,398 | 1,781,118 | 32·5 | 42·0 | 33·6 |
| Med. | 1,507,890 | 247,531 | 1,755,421 | 31·7 | 40·9 | 33·7 |
| Min. | 1,439,330 | 240,515 | 1,680,595 | 30·1 | 36·0 | 30·3 |
| 1940 | 1,439,330 | 241,265 | 1,680,595 | 30·1 | 36·0 | 30·3 |
| 1941 | 1,517,559 | 254,398 | 1,771,957 | 31·4 | 37·2 | 33·1 |
| 1942 | 1,348,809 | 244,607 | 1,593,416 | 27·5 | 35·0 | 23·5 |
| 1943 | 1,177,081 | 220,432 | 1,397,513 | 23·8 | 30·9 | 24·7 |
| 1944 | 1,209,561 | 226,465 | 1,436,026 | 24·2 | 31·1 | 25·1 |
| **BIHAR.** | | | | | | |
| 1937-41— | | | | | | |
| Max. | 1,090,305 | 27,810 | 1,116,178 | 32·4 | 19·9 | 31·3 |
| Med. | 1,051,425 | 25,873 | 1,077,783 | 30·9 | 18·4 | 30·4 |
| Min. | 982,128 | 21,117 | 1,006,005 | 28·5 | 12·8 | 27·9 |
| 1940 | 982,128 | 23,877 | 1,006,005 | 28·5 | 14·8 | 27·9 |
| 1941 | 1,029,585 | 21,117 | 1,050,702 | 29·6 | 12·8 | 28·8 |
| 1942 | 873,552 | 18,084 | 891,636 | 24·8 | 11·0 | 24·2 |
| 1943 | 744,088 | 15,798 | 759,886 | 20·9 | 8·8 | 20·3 |
| 1944 | 758,918 | 17,843 | 776,761 | 21·3 | 10·4 | 20·8 |
| **ORISSA.** | | | | | | |
| 1937-41— | | | | | | |
| Max. | 246,568 | 7 051 | 253,568 | 34·4 | 25·3 | 33·9 |
| Med. | 236,629 | 5,705 | 241,746 | 33·9 | 22·8 | 33·5 |
| Min. | 227,623 | 5,117 | 234,674 | 31·6 | 21·7 | 31·2 |
| 1940 | 246,568 | 7,000 | 253,568 | 34·4 | 22·3 | 33·9 |
| 1941 | 227,623 | 7,051 | 234,674 | 31·6 | 21·7 | 31·2 |
| 1942 | 234,425 | 6,871 | 241,296 | 32·0 | 20·5 | 31·9 |
| 1943 | 230,034 | 6,989 | 237,023 | 31·6 | 20,2 | 31·1 |
| 1944 | 189,840 | 5,997 | 195,837 | 26·1 | 17·4 | 25·7 |

## TABLE 2.—BIRTHS IN RURAL AND URBAN AREAS—*contd.*

| | Rural. | Urban. | Total. | Rate per mille: Rural. | Rate per mille: Urban. | Rate per mille: Total. |
|---|---|---|---|---|---|---|
| **BENGAL.** | | | | | | |
| 1937-41— | | | | | | |
| Max. | 1,625,199 | 88,161 | 1,707,050 | 33·4 | 23·7 | 32·7 |
| Med. | 1,514,020 | 83,631 | 1,597,651 | 29·6 | 22·5 | 28·9 |
| Min. | 1,441,523 | 79,731 | 1,521,254 | 27·6 | 15·3 | 26·4 |
| 1940 | 1,593,685 | 88,161 | 1,681,846 | 29·6 | 16·1 | 28·3 |
| 1941 | 1,507,791 | 86,500 | 1,594,291 | 27·6 | 15·3 | 26·4 |
| 1942 | 1,380,401 | 67,898 | 1,448,299 | 24·9 | 11·5 | 23·6 |
| 1943 | 1,089,170 | 62,386 | 1,151,556 | 19·6 | 10·6 | 18·7 |
| 1944 | 893,985 | 63,225 | 957,210 | 16·0 | 10·8 | 15·6 |
| **C. P.** | | | | | | |
| 1937-41— | | | | | | |
| Max. | 629,614 | 86,669 | 716,283 | 42·7 | 42·5 | 42·5 |
| Med. | 558,616 | 77,826 | 634,908 | 37·5 | 41·1 | 37·9 |
| Min. | 548,804 | 74,135 | 622,939 | 37·1 | 37·6 | 37·5 |
| 1940 | 550,120 | 77,826 | 627,946 | 37·5 | 37·6 | 37·5 |
| 1941 | 629,614 | 86,669 | 716,283 | 42·7 | 41·1 | 42·5 |
| 1942 | 585,961 | 82,466 | 668,427 | 39·4 | 38·3 | 39·3 |
| 1943 | 554,445 | 79,572 | 634,017 | 37·0 | 36·3 | 36·9 |
| 1944 | 574,695 | 80,460 | 655,155 | 38·1 | 36·0 | 37·8 |
| **BOMBAY.** | | | | | | |
| 1937-41— | | | | | | |
| Max. | 623,409 | 167,116 | 775,545 | 39·2 | 43·8 | 39·1 |
| Med. | 601,723 | 164,312 | 756,495 | 38·4 | 34·5 | 37·6 |
| Min. | 588,701 | 127,753 | 729,476 | 38·0 | 30·6 | 36·6 |
| 1940 | 588,701 | 167,116 | 755,817 | 38·3 | 31·8 | 36·6 |
| 1941 | 597,988 | 165,124 | 763,112 | 38·5 | 30·6 | 36·5 |
| 1942 | 574,292 | 150,434 | 724,726 | 36·6 | 27·3 | 34·2 |
| 1943 | 545,647 | 167,993 | 713,640 | 34·5 | 29·7 | 33·2 |
| 1944 | 554,794 | 186,516 | 741,310 | 34·7 | 32·3 | 34·1 |
| **SIND.** | | | | | | |
| 1937-41— | | | | | | |
| Max. | 53,108 | 29,471 | 81,992 | 15·0 | 36·3 | 18·8 |
| Med. | 50,426 | 27,952 | 77,389 | 14·4 | 35·5 | 18·2 |
| Min. | 44,519 | 26,911 | 73,990 | 12·2 | 33·3 | 16·2 |
| 1940 | 53,108 | 28,884 | 81,992 | 14·7 | 33·5 | 18·2 |
| 1941 | 44,519 | 29,471 | 73,990 | 12·2 | 33·3 | 16·2 |
| 1942 | 46,812 | 30,231 | 77,043 | 12·7 | 33·3 | 16·7 |
| 1943 | 39,470 | 29,153 | 68,623 | 10·6 | 31·3 | 14·7 |
| 1944 | 37,183 | 31,486 | 68,669 | 9·8 | 33·0 | 14·5 |
| **MADRAS.** | | | | | | |
| 1937-41— | | | | | | |
| Max. | 1,548,983 | 251,032 | 1,717,133 | 37·4 | 63·3 | 36·1 |
| Med. | 1,533,636 | 169,289 | 1,701,662 | 35·8 | 39·0 | 34·9 |
| Min. | 1,458,513 | 152,679 | 1,694,751 | 33·2 | 21·4 | 34·8 |
| 1940 | 1,529,924 | 169,918 | 1,699,842 | 37·3 | 21·9 | 34·9 |
| 1941 | 1,547,844 | 169,289 | 1,717,133 | 37·4 | 21·4 | 34·8 |
| 1942 | 1,524,580 | 159,443 | 1,684,023 | 36·4 | 20·0 | 33·8 |
| 1943 | 1,399,795 | 165,849 | 1,565,644 | 33·3 | 20·1 | 31·1 |
| 1944 | 1,337,025 | 157,109 | 1,494,134 | 31·8 | 18·7 | 29·4 |
| **COORG.** | | | | | | |
| 1937-41— | | | | | | |
| Max. | 3,486 | 689 | 4,028 | 22·5 | 61·2 | 24·5 |
| Med. | 3,215 | 542 | 3,785 | 20·7 | 57·3 | 23·0 |
| Min. | 3,179 | 496 | 3,755 | 20·2 | 48·5 | 22·3 |
| 1940 | 3,215 | 540 | 3,755 | 20·4 | 48·5 | 22·3 |
| 1941 | 3,179 | 689 | 3,868 | 20·2 | 61·2 | 22·9 |
| 1942 | 2,678 | 619 | 3,297 | 17·0 | 54·9 | 19·5 |
| 1943 | 2,607 | 592 | 3,199 | 16 5 | 52·8 | 18·9 |
| 1944 | 2,532 | 561 | 3,093 | 16·0 | 49·8 | 18·3 |

## TABLE 2.—BIRTHS IN RURAL AND URBAN AREAS—*concld.*

| | Rural. | Urban. | Total | Rate per mille Rural. | Urban. | Total. |
|---|---|---|---|---|---|---|
| **ASSAM.** | | | | | | |
| 1937-41 — | | | | | | |
| Max. | 245,708 | 7,373 | 253,081 | 29·4 | 31·8 | 29·4 |
| Med. | 237,253 | 6,705 | 244,154 | 27·8 | 30·7 | 27·9 |
| Min. | 230,642 | 6,538 | 237,180 | 26·2 | 26·6 | 26·2 |
| 1940 | 237,253 | 6,901 | 244,154 | 26·2 | 26·6 | 26·2 |
| 1941 | 245,708 | 7,373 | 253,081 | 26·7 | 27·7 | 26·7 |
| 1942 | 201,801 | 5,272 | 207,073 | 21·6 | 19·4 | 21·5 |
| 1943 | 181,287 | 4,877 | 186,164 | 19·1 | 17·5 | 19·1 |
| 1944 | 161,160 | 5,116 | 166,276 | 17·0 | 18·3 | 17·0 |
| **AJMER-MERWARA.** | | | | | | |
| 1937-41— | | | | | | |
| Max. | 14,457 | 8,867 | 21,933 | 35·4 | 47·4 | 37·1 |
| Med. | 11,859 | 8,240 | 20,651 | 28·5 | 40·9 | 34·4 |
| Min. | 8,353 | 7,526 | 16,445 | 22·8 | 38·2 | 28·4 |
| 1940 | 8,353 | 8,092 | 16,445 | 22·8 | 38·2 | 28·4 |
| 1941 | 9,399 | 8,240 | 17,639 | 25·3 | 38·3 | 30·1 |
| 1942 | 11,377 | 8,881 | 20,258 | 30·3 | 40·6 | 34·1 |
| 1943 | 7,473 | 7,611 | 15,084 | 19·7 | 34·3 | 25·1 |
| 1944 | 9,465 | 7,856 | 17,321 | 24·7 | 34·9 | 28·4 |
| **BRITISH INDIA.** | | | | | | |
| 1937-41 — | | | | | | |
| Max. | 8,483,765 | 1,032,409 | 9,425,671 | 34·4 | 39·5 | 34·5 |
| Med. | 8,374,804 | 984,305 | 9,388,457 | 33·2 | 35·0 | 33·6 |
| Min. | 8,299,527 | 904,692 | 9,283,832 | 32·6 | 27·6 | 32·0 |
| 1940 | 8,299,527 | 984,305 | 9,283,832 | 32·6 | 27·6 | 32·0 |
| 1941 | 8,415,837 | 1,009,834 | 9,425,671 | 32·7 | 27·6 | 32·1 |
| 1942 | 7,766,215 | 948,340 | 8,714,555 | 29·8 | 25·3 | 29·3 |
| 1943 | 6,846,347 | 929,546 | 7,775,893 | 26·1 | 24·3 | 25·9 |
| 1944 | 6,735,077 | 973.118 | 7,708,195 | 25·5 | 25·0 | 25·4 |

## Table 3.—Deaths in Rural and Urban Areas.

| | Rural. | Urban. | Total | Rate per mille. Rural. | Urban. | Total |
|---|---|---|---|---|---|---|
| **North-West Frontier Province.** | | | | | | |
| 1937-41— | | | | | | |
| Max. | 54,395 | 6,965 | 61,360 | 22·1 | 18·9 | 21·3 |
| Med. | 45,146 | 6,400 | 51,026 | 20·0 | 15·1 | 19·9 |
| Min. | 39,033 | 5,243 | 44,276 | 17·6 | 11·2 | 17·3 |
| 1940 | 45,146 | 5,880 | 51,026 | 18·7 | 11·2 | 17·4 |
| 1941 | 54,395 | 6,965 | 61,360 | 22·1 | 12·9 | 20·4 |
| 1942 | 43,199 | 5,917 | 49,116 | 17·2 | 10·6 | 16·0 |
| 1943 | 42,195 | 5,727 | 47,922 | 16·6 | 9·9 | 15·3 |
| 1944 | 39,018 | 5,526 | 44,544 | 15·0 | 9·3 | 14·0 |
| **Punjab.** | | | | | | |
| 1937-41— | | | | | | |
| Max. | 623,819 | 80,634 | 704,453 | 25·6 | 20·6 | 24·7 |
| Med. | 550,765 | 71,934 | 622,699 | 23·8 | 19·6 | 23·4 |
| Min. | 488,845 | 67,423 | 556,268 | 21·6 | 19·0 | 21·3 |
| 1940 | 581,743 | 76,225 | 657,968 | 24·2 | 19·0 | 23·5 |
| 1941 | 623,819 | 80,634 | 704,453 | 25·6 | 19·5 | 24·7 |
| 1942 | 733,471 | 89,070 | 822,541 | 29·6 | 21·0 | 28·3 |
| 1943 | 648,747 | 88,523 | 737,270 | 25·7 | 20·4 | 25·0 |
| 1944 | 665,565 | 92,658 | 758,223 | 26·1 | 20·8 | 25·3 |
| **Delhi.** | | | | | | |
| 1937-41— | | | | | | |
| Max. | 5,848 | 13,618 | 19,399 | 26·3 | 23·4 | 23·8 |
| Med. | 5,788 | 11,324 | 16,900 | 24·8 | 21·8 | 23·1 |
| Min. | 5,306 | 10,944 | 16,630 | 23·7 | 18·0 | 19·7 |
| 1940 | 5,828 | 11,906 | 17,734 | 24·4 | 18·0 | 19·7 |
| 1941 | 5,781 | 13,618 | 19,399 | 23·7 | 19·9 | 20·9 |
| 1942 | 8,207 | 13,112 | 21,319 | 33·1 | 18·5 | 23·3 |
| 1943 | 6,564 | 16,047 | 22,611 | 25·9 | 22·0 | 23·0 |
| 1944 | 6,630 | 16,736 | 23,366 | 25·8 | 22·2 | 23·1 |
| **U. P.** | | | | | | |
| 1937-41— | | | | | | |
| Max. | 1,072,490 | 177,498 | 1,249,988 | 22·8 | 29·8 | 23·6 |
| Med. | 891,230 | 169,177 | 1,064,908 | 18·7 | 27·7 | 19·8 |
| Min. | 871,983 | 163,020 | 1,035,003 | 18·4 | 24·5 | 19·3 |
| 1940 | 890,010 | 164,171 | 1,054,181 | 18·4 | 24·5 | 19·3 |
| 1941 | 891,230 | 173,678 | 1,064,908 | 18·6 | 25·4 | 19·3 |
| 1942 | 858,298 | 175,131 | 1,033,429 | 17·5 | 25·0 | 18·5 |
| 1943 | 907,25? | 180,156 | 1,087,445 | 18·3 | 25·2 | 19·2 |
| 1944 | 887,95 3 | 184,459 | 1,072,412 | 17·8 | 25·2 | 18·7 |
| **Bihar.** | | | | | | |
| 1937-41— | | | | | | |
| Max. | 745,663 | 18,777 | 763,738 | 22·1 | 13·4 | 21·5 |
| Med | 710,677 | 17,539 | 729,454 | 21·3 | 12·4 | 21·0 |
| Min. | 697,532 | 15,316 | 712,848 | 20·0 | 9·3 | 19·5 |
| 1940 | 702,446 | 17,460 | 719,906 | 20·4 | 10·8 | 20·0 |
| 1941 | 697,532 | 15,316 | 712,848 | 20·0 | 9·3 | 19·5 |
| 1942 | 555,790 | 13,115 | 568,905 | 15·8 | 7·8 | 15·4 |
| 1943 | 581.896 | 12,288 | 594,184 | 16·4 | 7·2 | 15 9 |
| 1944 | ≈19,138 | 17,552 | 836,690 | 23·0 | 10·3 | 22·5 |
| **Orissa.** | | | | | | |
| 1937-41— | | | | | | |
| Max. | 206,702 | 6,572 | 213,274 | 29·1 | 21·5 | 28·8 |
| Med. | 194,521 | 4,846 | 199,312 | 27·8 | 20·3 | 27·6 |
| Min. | 169,535 | 4,370 | 174,853 | 23·7 | 16·9 | 23·4 |
| 1940 | 169,535 | 5,318 | 174,853 | 23·7 | 16·9 | 23·4 |
| 1941 | 206,702 | 6,572 | 213,274 | 28·7 | 20·3 | 28·4 |
| 1942 | 189,346 | 5,380 | 194,726 | 26·3 | 16·1 | 25·7 |
| 1943 | 225 644 | 7,940 | 233,584 | 31·1 | 23·6 | 30·7 |
| 1944 | 228,229 | 7,361 | 235,581 | 31·4 | 21·3 | 31·0 |

TABLE 3.—DEATHS IN RURAL AND URBAN AREAS—*contd.*

| | Rural. | Urban. | Total. | Rate per mille Rural. | Urban. | Total. |
|---|---|---|---|---|---|---|
| **BENGAL.** | | | | | | |
| 1937-41— | | | | | | |
| Max. | 1,234,604 | 81,282 | 1,315,886 | 25·2 | 23·0 | 25·0 |
| Med. | 1,106,237 | 75,528 | 1,184,850 | 20·6 | 21·0 | 20·7 |
| Min. | 1,016,105 | 72,007 | 1,090,530 | 19·3 | 13·2 | 18·7 |
| 1940 | 1,039,075 | 72,007 | 1,111,082 | 19·3 | 13·2 | 18·7 |
| 1941 | 1,106,237 | 78,613 | 1,184,850 | 20·2 | 13·9 | 19·6 |
| 1942 | 1,156,817 | 65,347 | 1,222,164 | 20·8 | 11·1 | 19·9 |
| 1943 | 1,780,315 | 128,307 | 1,908,622 | 32·1 | 21·8 | 31·1 |
| 1944 | 1,604,536 | 122,334 | 1,726,870 | 28·9 | 20·8 | 28·1 |
| **C. P.** | | | | | | |
| 1937-41— | | | | | | |
| Max. | 561,090 | 68,211 | 629,301 | 37·7 | 36·9 | 37·6 |
| Med. | 458,225 | 60,725 | 515,300 | 30·7 | 30·3 | 30·7 |
| Min. | 444,825 | 55,211 | 500,036 | 30·1 | 29·1 | 30·1 |
| 1940 | 445,499 | 60,725 | 506,224 | 30·4 | 29·3 | 30·3 |
| 1941 | 478,581 | 61,331 | 539,912 | 32·4 | 29·1 | 32·2 |
| 1942 | 502,717 | 64,545 | 567,262 | 33·8 | 30·0 | 33·3 |
| 1943 | 416,330 | 56,576 | 472,906 | 27·8 | 25·8 | 27·6 |
| 1944 | 459,619 | 59,899 | 519,518 | 30·7 | 26·8 | 30·0 |
| **BOMBAY.** | | | | | | |
| 1937-41— | | | | | | |
| Max. | 431,836 | 127,485 | 547,387 | 27·2 | 31·2 | 27·9 |
| Med. | 391,182 | 117,244 | 501,465 | 24·9 | 27·6 | 25·4 |
| Min. | 377,643 | 102,026 | 493,208 | 23·5 | 23·2 | 24·3 |
| 1940 | 379,468 | 121,997 | 501,465 | 24·7 | 23·2 | 24·8 |
| 1941 | 412,252 | 127,485 | 539,737 | 26·6 | 23·7 | 25·8 |
| 1942 | 398,147 | 118,401 | 516,548 | 25·3 | 21·5 | 24·4 |
| 1943 | 371,022 | 131,509 | 502,531 | 23·4 | 23·3 | 23·4 |
| 1944 | 412,503 | 143,958 | 556,461 | 25·8 | 24·9 | 25·6 |
| **SIND.** | | | | | | |
| 1937-41— | | | | | | |
| Max. | 43,081 | 16,813 | 59,894 | 11·8 | 19·4 | 13·2 |
| Med. | 30,998 | 14,686 | 48,085 | 9·5 | 19·2 | 11·3 |
| Min. | 33,399 | 13,781 | 44,779 | 8·8 | 17·9 | 10·4 |
| 1940 | 36,831 | 16,529 | 53,360 | 10·2 | 19·2 | 11·9 |
| 1941 | 43,081 | 16,813 | 59,894 | 11·8 | 19·0 | 13·2 |
| 1942 | 34,648 | 17,511 | 52,159 | 9·4 | 19·3 | 11·3 |
| 1943 | 35,313 | 17,711 | 53,024 | 9·4 | 19·1 | 11·4 |
| 1944 | 32,700 | 21,799 | 54,499 | 8.7 | 22.9 | 11.5 |
| **MADRAS.** | | | | | | |
| 1937-41— | | | | | | |
| Max. | 1,014,559 | 121,278 | 1,135,837 | 24·5 | 29·3 | 23·0 |
| Med. | 981,404 | 117,386 | 1,097,940 | 22·3 | 27·3 | 22·5 |
| Min. | 923,879 | 108,173 | 1,032,052 | 21·0 | 15·0 | 21·6 |
| 1940 | 920,589 | 177,351 | 1,097,940 | 22·4 | 22·8 | 22·5 |
| 1941 | 951,875 | 183,962 | 1,135,837 | 23·0 | 23·2 | 23.0 |
| 1942 | 945,229 | 174,900 | 1,120,129 | 22·7 | 21·6 | 22·5 |
| 1943 | 1,054,544 | 216,143 | 1,270,687 | 25·1 | 26·2 | 25·2 |
| 1944 | 1,066,732 | 224,686 | 1,291,418 | 25·1 | 26·7 | 25·4 |
| **COORG.** | | | | | | |
| 1937-41— | | | | | | |
| Max. | 3,887 | 598 | 4,485 | 25·1 | 63·1 | 27·2 |
| Med. | 3,298 | 542 | 3,854 | 20·9 | 52·4 | 22·8 |
| Min. | 3,027 | 426 | 3,453 | 19·2 | 38·3 | 20·5 |
| 1940 | 3,027 | 426 | 3,453 | 19·2 | 38·3 | 20·5 |
| 1941 | 3,298 | 556 | 3,854 | 20·9 | 49·4 | 22·8 |
| 1942 | 3,176 | 671 | 3,847 | 20·1 | 59·6 | 22·8 |
| 1943 | 2,757 | 672 | 3,429 | 17·5 | 59·7 | 20·3 |
| 1944 | 2,873 | 586 | 3,459 | 18·2 | 52·0 | 20·5 |

## TABLE 3.—DEATHS IN RURAL AND URBAN AREAS—*concld.*

| | Rural. | Urban. | Total | Rate per mille. Rural. | Urban. | Total. |
|---|---|---|---|---|---|---|
| **ASSAM.** | | | | | | |
| 1937-41— | | | | | | |
| Max. | 173,870 | 3,897 | 177,767 | 21·0 | 18·3 | 20·9 |
| Med. | 160,321 | 3,798 | 164,119 | 19·2 | 17·6 | 19·2 |
| Min. | 145,292 | 3,572 | 148,864 | 16·0 | 13·8 | 16·0 |
| 1940 | 145,292 | 3,572 | 148,864 | 16·0 | 13·8 | 16·0 |
| 1941 | 154,830 | 3,786 | 158,616 | 16·8 | 14·2 | 16·8 |
| 1942 | 144,420 | 3,820 | 148,240 | 15·4 | 14·0 | 15·4 |
| 1943 | 155,384 | 4,207 | 159,591 | 16·4 | 15·1 | 16·3 |
| 1944 | 162,170 | 5,038 | 167,208 | 17·1 | 18·1 | 17·1 |
| **AJMER-MERWARA.** | | | | | | |
| 1937-41— | | | | | | |
| Max. | 16,304 | 8,096 | 24,400 | 44·5 | 38·2 | 42·2 |
| Med. | 8,120 | 6,660 | 14,936 | 21·4 | 36·2 | 25·1 |
| Min. | 7,646 | 6,178 | 14,100 | 18·4 | 28·7 | 23·4 |
| 1940 | 16,304 | 8,096 | 24,400 | 44·5 | 38·2 | 42·2 |
| 1941 | 7,922 | 6,178 | 14,100 | 21·4 | 28·7 | 24·1 |
| 1942 | 8,865 | 7,063 | 15,928 | 23·6 | 32·3 | 26·8 |
| 1943 | 8,540 | 6,440 | 14,980 | 22·5 | 29·0 | 24·9 |
| 1944 | 9,445 | 7,437 | 16,882 | 24·6 | 33·0 | 27·7 |
| **BRITISH INDIA.** | | | | | | |
| 1937-41— | | | | | | |
| Max. | 5,996,733 | 712,823 | 6,685,120 | 24·0 | 26·3 | 24·3 |
| Med. | 5,496,714 | 680,848 | 6,165,234 | 21·8 | 24·7 | 22·2 |
| Min. | 5,441,608 | 639,059 | 6,112,375 | 22·1 | 17·5 | 21·1 |
| 1940 | 5,380,793 | 741,663 | 6,122,456 | 21·2 | 20·8 | 21·1 |
| 1941 | 5,637,535 | 775,507 | 6,413,042 | 21·9 | 21·2 | 21·8 |
| 1942 | 5,582,330 | 753,983 | 6,336,313 | 21·5 | 20·1 | 21·3 |
| 1943 | 6,236,540 | 872,246 | 7,108,786 | 23·8 | 22·8 | 23·6 |
| 1944 | 6,397,102 | 910,029 | 7,307,131 | 24·2 | 23·4 | 24·1 |

## Table 4.—Total Births by Months.

| | Jan. | Feb. | March. | April. | May. | June. | July. | Aug. | Sept. | Oct. | Nov. | Dec. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| N. W. F. P.:— | | | | | | | | | | | | |
| 1940 | 6,106 | 6,072 | 6,530 | 5,269 | 5,075 | 5,208 | 6,189 | 5,693 | 6,167 | 5,917 | 6,009 | 6,337 |
| 1941 | 5,774 | 5,807 | 6,342 | 4,745 | 5,002 | 4,777 | 4,905 | 5,038 | 4,562 | 4,611 | 5,911 | 5,708 |
| 1942 | 5,179 | 4,768 | 5,340 | 3,985 | 3,695 | 4,442 | 4,082 | 4,125 | 3,894 | 4,321 | 4,637 | 4,866 |
| 1943 | 5,480 | 4,770 | 5,389 | 4,311 | 3,506 | 3,427 | 4,305 | 3,913 | 3,540 | 4,494 | 4,922 | 4,902 |
| 1944 | 4,977 | 4,665 | 5,703 | 4,616 | 4,047 | 3,745 | 4,277 | 4,445 | 3,931 | 4,533 | 4,461 | 5,323 |
| Punjab:— | | | | | | | | | | | | |
| 1940 | 97,223 | 88,220 | 89,632 | 72,209 | 71,293 | 74,567 | 87,869 | 106,209 | 111,716 | 113,366 | 109,568 | 105,513 |
| 1941 | 96,029 | 84,486 | 87,062 | 67,307 | 69,758 | 74,085 | 87,000 | 105,397 | 110,800 | 120,136 | 117,154 | 109,428 |
| 1942 | 95,941 | 83,159 | 82,918 | 65,282 | 69,228 | 72,972 | 82,893 | 95,472 | 109,504 | 112,122 | 101,465 | 94,876 |
| 1943 | 86,060 | 79,919 | 79,658 | 61,420 | 56,748 | 51,969 | 62,289 | 76,439 | 90,486 | 100,712 | 105,607 | 105,519 |
| 1944 | 95,681 | 85,607 | 83,415 | 72,452 | 72,314 | 67,523 | 79,477 | 99,744 | 110,019 | 116,770 | 112,868 | 108,389 |
| Delhi:— | | | | | | | | | | | | |
| 1940 | 2,630 | 2,132 | 2,139 | 1,983 | 2,077 | 2,389 | 3,262 | 3,764 | 3,728 | 3,634 | 3,226 | 2,956 |
| 1941 | 2,509 | 2,192 | 2,157 | 2,072 | 2,268 | 2,491 | 3,455 | 3,882 | 4,167 | 4,579 | 4,042 | 3,393 |
| 1942 | 2,817 | 2,334 | 2,351 | 2,120 | 2,272 | 2,671 | 3,464 | 3,664 | 4,157 | 3,899 | 3,219 | 2,927 |
| 1943 | 2,396 | 2,104 | 2,278 | 1,846 | 1,682 | 1,768 | 2,408 | 3,260 | 4,268 | 4,034 | 4,404 | 3,311 |
| 1944 | 2,913 | 2,360 | 2,490 | 2,344 | 2,114 | 2,075 | 2,728 | 3,862 | 4,120 | 4,438 | 4,241 | 3,737 |
| U. P.:— | | | | | | | | | | | | |
| 1940 | 143,261 | 128,988 | 120,856 | 114,840 | 97,202 | 106,708 | 130,685 | 164,776 | 180,368 | 174,620 | 161,849 | 156,442 |
| 1941 | 137,524 | 127,831 | 129,684 | 133,351 | 122,524 | 115,669 | 143,436 | 171,273 | 178,542 | 175,703 | 175,061 | 161,359 |
| 1942 | 139,533 | 130,767 | 119,457 | 111,980 | 115,385 | 115,500 | 138,419 | 146,224 | 153,980 | 158,311 | 134,695 | 128,965 |
| 1943 | 123,033 | 121,569 | 107,469 | 101,877 | 84,154 | 83,741 | 98,401 | 118,634 | 137,551 | 146,007 | 141,774 | 133,303 |
| 1944 | 120,816 | 116,275 | 111,851 | 101,098 | 92,421 | 88,190 | 94,787 | 117,697 | 135,855 | 154,039 | 155,394 | 147,603 |
| Bihar:— | | | | | | | | | | | | |
| 1940 | 88,042 | 77,674 | 77,648 | 72,924 | 64,075 | 64,955 | 72,131 | 87,268 | 105,028 | 105,072 | 95,129 | 96,059 |
| 1941 | 92,490 | 80,329 | 90,933 | 80,801 | 81,696 | 72,843 | 78,478 | 85,696 | 106,339 | 99,969 | 94,944 | 86,184 |
| 1942 | 84,766 | 80,543 | 79,382 | 70,697 | 75,807 | 70,105 | 67,070 | 51,298 | 68,488 | 82,164 | 84,298 | 77,018 |
| 1943 | 73,982 | 69,810 | 68,909 | 56,294 | 48,946 | 49,359 | 54,679 | 59,615 | 66,879 | 77,142 | 67,057 | 67,214 |
| 1944 | 67,076 | 63,823 | 60,027 | 58,760 | 48,157 | 44,134 | 49,873 | 59,896 | 80,381 | 83,094 | 78,519 | 83,021 |

| | Jan | Feb. | March. | April. | May. | June. | July | Aug. | Sept. | Oct. | Nov. | Dec. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Orissa :— | | | | | | | | | | | | |
| 1940 . . | 18,914 | 16,900 | 17,176 | 21,577 | 24,477 | 22,115 | 23,605 | 20,463 | 19,864 | 21,300 | 22,935 | 24,242 |
| 1941 . . | 21,413 | 18,811 | 21,161 | 21,100 | 22,632 | 19,587 | 18,826 | 17,992 | 16,631 | 18,135 | 18,945 | 19,441 |
| 1942 . . | 17,194 | 14,941 | 16,967 | 19,325 | 22,017 | 22,674 | 22,473 | 20,438 | 19,844 | 21,032 | 21,579 | 22,812 |
| 1943 . . | 21,257 | 21,237 | 20,340 | 20,247 | 20,355 | 20,136 | 18,284 | 19,007 | 17,361 | 20,163 | 19,774 | 18,862 |
| 1944 . . | 17,808 | 16,139 | 17,408 | 18,657 | 18,756 | 16,246 | 13,896 | 13,951 | 14,125 | 16,316 | 16,350 | 16,175 |
| Bengal :— | | | | | | | | | | | | |
| 1940 . . | 166,416 | 151,586 | 159,262 | 133,502 | 113,329 | 98,798 | 97,949 | 104,153 | 128,431 | 157,068 | 184,512 | 181,840 |
| 1941 . . | 161,016 | 170,208 | 169,783 | 135,343 | 115,219 | 93,359 | 92,632 | 93,103 | 99,592 | 141,698 | 161,306 | 160,532 |
| 1942 . . | 139,469 | 128,314 | 132,136 | 110,033 | 104,513 | 93,463 | 94,943 | 93,811 | 109,498 | 138,069 | 154,127 | 149,923 |
| 1943 . . | 129,103 | 118,199 | 121,936 | 104,505 | 85,639 | 70,769 | 68,364 | 69,617 | 73,415 | 92,313 | 105,914 | 110,732 |
| 1944 . . | 100,085 | 89,851 | 85,974 | 71,544 | 62,968 | 53,300 | 55,677 | 58,835 | 70,064 | 92,202 | 104,590 | 112,030 |
| C. P. — | | | | | | | | | | | | |
| 1940 . . | 51,304 | 49,179 | 53,129 | 47,432 | 44,475 | 41,922 | 46,341 | 52,618 | 58,079 | 63,607 | 60,376 | 58,414 |
| 1941 . . | 55,833 | 49,025 | 54,424 | 52,347 | 51,457 | 52,053 | 61,085 | 72,785 | 70,836 | 71,854 | 64,089 | 60,494 |
| 1942 . . | 53,556 | 44,282 | 49,676 | 52,100 | 52,226 | 49,177 | 53,513 | 62,277 | 64,793 | 66,172 | 61,382 | 59,293 |
| 1943 . . | 53,761 | 47,362 | 48,544 | 47,789 | 44,342 | 40,948 | 48,335 | 57,304 | 63,631 | 64,228 | 60,146 | 57,627 |
| 1944 . . | 53,837 | 47,963 | 50,131 | 51,743 | 52,335 | 48,226 | 50,114 | 57,399 | 58,302 | 63,131 | 61,251 | 57,721 |
| Bombay : — | | | | | | | | | | | | |
| 1940 . . | 58,955 | 60,921 | 63,022 | 56,662 | 56,902 | 60,419 | 65,601 | 67,177 | 66,986 | 70,239 | 64,026 | 63,907 |
| 1941 . . | 60,159 | 56,198 | 61,411 | 58,155 | 61,137 | 61,412 | 67,323 | 68,675 | 67,899 | 71,079 | 66,251 | 63,413 |
| 1942 . . | 56,917 | 50,586 | 58,137 | 56,871 | 59,569 | 58,211 | 62,543 | 68,295 | 67,036 | 65,174 | 62,420 | 58,967 |
| 1943 . . | 53,115 | 47,299 | 53,811 | 53,005 | 55,699 | 59,153 | 64,190 | 66,780 | 68,140 | 66,861 | 64,139 | 61,448 |
| 1944 . . | 57,348 | 53,326 | 57,383 | 56,835 | 61,236 | 59,829 | 63,054 | 65,265 | 67,296 | 69,857 | 66,376 | 63,505 |
| Sind :— | | | | | | | | | | | | |
| 1940 . . | 8,067 | 6,136 | 5,824 | 5,526 | 5,412 | 5,186 | 5,921 | 7,087 | 7,619 | 8,630 | 7,994 | 8,240 |
| 1941 . . | 7,537 | 6,231 | 4,832 | 4,347 | 5,000 | 4,786 | 5,236 | 5,827 | 6,217 | 7,085 | 7,828 | 7,064 |
| 1942 . . | 6,968 | 5,691 | 5,620 | 5,378 | 5,896 | 5,978 | 6,127 | 6,245 | 6,292 | 8,029 | 8,033 | 6,654 |
| 1943 . . | 7,382 | 5,913 | 5,178 | 4,644 | 4,391 | 4,524 | 5,252 | 5,564 | 5,354 | 6,687 | 6,828 | 6,543 |
| 1944 . . | 6,207 | 5,653 | 5,705 | 4,578 | 5,196 | 4,919 | 4,915 | 6,049 | 6,165 | 7,154 | 6,466 | 5,692 |

## TABLE 4.—TOTAL BIRTHS BY MONTHS—*contd.*

| | Jan. | Feb. | Mar. | Apr. | May. | June. | July. | Aug. | Sept. | Oct. | Nov. | Dec. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Madras :—** | | | | | | | | | | | | |
| 1940 . . | 123,112 | 108,026 | 123,976 | 131,630 | 139,716 | 146,433 | 160,826 | 153,683 | 153,791 | 156,838 | 154,689 | 147,122 |
| 1941 . . | 127,846 | 113,065 | 119,879 | 128,452 | 146,848 | 153,142 | 166,338 | 156,323 | 151,325 | 158,921 | 150,164 | 144,830 |
| 1942 . . | 118,023 | 98,213 | 114,779 | 125,539 | 141,807 | 151,211 | 164,325 | 161,140 | 157,203 | 156,886 | 149,096 | 145,801 |
| 1943 . . | 120,985 | 99,417 | 107,193 | 115,770 | 129,367 | 135,228 | 150,601 | 156,422 | 143,127 | 138,256 | 134,521 | 134,757 |
| 1944 . . | 112,628 | 103,021 | 110,913 | 110,095 | 122,860 | 130,552 | 141,481 | 141,104 | 136,192 | 137,379 | 125,746 | 122,163 |
| **Coorg :—** | | | | | | | | | | | | |
| 1940 . . | 273 | 306 | 336 | 303 | 284 | 367 | 343 | 337 | 332 | 276 | 293 | 305 |
| 1941 . . | 274 | 330 | 359 | 351 | 359 | 401 | 345 | 389 | 321 | 264 | 227 | 248 |
| 1942 . . | 251 | 270 | 275 | 255 | 272 | 326 | 303 | 362 | 271 | 245 | 188 | 279 |
| 1943 . . | 290 | 290 | 283 | 210 | 255 | 298 | 298 | 280 | 297 | 254 | 219 | 225 |
| 1944 . . | 223 | 244 | 250 | 278 | 287 | 274 | 317 | 273 | 265 | 231 | 243 | 208 |
| **Assam :—** | | | | | | | | | | | | |
| 1940 . . | 26,029 | 24,145 | 21,793 | 19,300 | 16,654 | 13,680 | 15,274 | 16,818 | 18,630 | 21,647 | 24,445 | 25,739 |
| 1941 . . | 26,397 | 23,975 | 22,595 | 23,307 | 15,643 | 15,564 | 16,417 | 16,957 | 18,889 | 23,487 | 24,344 | 25,506 |
| 1942 . . | 23,350 | 19,251 | 17,385 | 15,161 | 12,542 | 12,707 | 13,440 | 14,482 | 16,154 | 19,061 | 21,353 | 22,187 |
| 1943 . . | 20,881 | 18,628 | 16,554 | 14,757 | 12,699 | 11,715 | 11,671 | 13,410 | 12,955 | 15,428 | 18,727 | 18,739 |
| 1944 . . | 16,505 | 16,375 | 15,169 | 13,692 | 12,043 | 11,544 | 11,874 | 12,038 | 12,305 | 14,882 | 14,842 | 15,007 |
| **Ajmer Merwara :—** | | | | | | | | | | | | |
| 1940 . . | 1,691 | 1,429 | 1,276 | 1,175 | 1,062 | 1,244 | 1,289 | 1,636 | 1,595 | 1,432 | 1,361 | 1,255 |
| 1941 . . | 1,233 | 1,145 | 1,187 | 1,030 | 975 | 899 | 1,103 | 1,369 | 1,840 | 2,368 | 2,381 | 2,109 |
| 1942 . . | 1,946 | 1,594 | 1,450 | 1,271 | 1,473 | 1,630 | 1,655 | 1,950 | 1,951 | 2,053 | 1,670 | 1,615 |
| 1943 . . | 1,485 | 1,297 | 1,046 | 993 | 909 | 861 | 1,029 | 1,290 | 1,528 | 1,486 | 1,584 | 1,576 |
| 1944 . . | 1,510 | 1,322 | 1,225 | 1,168 | 1,105 | 1,068 | 1,304 | 1,413 | 1,711 | 1,782 | 1,996 | 1,717 |
| **British India :—** | | | | | | | | | | | | |
| 1940 . . | 793,023 | 722,064 | 742,599 | 689,322 | 642,033 | 644,061 | 717,285 | 792,682 | 862,334 | 903,646 | 896,412 | 878,371 |
| 1941 . . | 796,034 | 741,633 | 771,809 | 712,708 | 700,518 | 671,568 | 746,579 | 804,617 | 837,960 | 899,889 | 892,647 | 849,709 |
| 1942 . . | 745,910 | 664,715 | 686,073 | 639,927 | 666,708 | 661,067 | 715,250 | 729,983 | 783,065 | 837,538 | 808,142 | 776,183 |
| 1943 . . | 699,210 | 637,814 | 638,998 | 587,668 | 549,692 | 533,896 | 590,106 | 651,535 | 688,532 | 738,065 | 735,616 | 724,761 |
| 1944 . . | 657,614 | 606,624 | 607,644 | 567,870 | 555,809 | 531,715 | 573,774 | 641,971 | 700,731 | 768,808 | 753,343 | 742,291 |

## Table 5.—Births by Months in Rural Areas.

| | Jan. | Feb. | March. | Apr. | May. | June. | July. | Aug. | Sept. | Oct. | Nov. | Dec. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **N. W. F. P.:** | | | | | | | | | | | | |
| 1940 | 5,245 | 5,363 | 5,591 | 4,619 | 4,427 | 4,511 | 5,280 | 4,689 | 5,274 | 5,022 | 5,093 | 5,473 |
| 1941 | 4,745 | 4,932 | 5,499 | 4,247 | 4,285 | 4,142 | 4,126 | 4,245 | 3,833 | 3,759 | 5,013 | 4,726 |
| 1942 | 4,250 | 4,073 | 4,680 | 3,385 | 3,087 | 3,867 | 3,401 | 3,317 | 3,153 | 3,554 | 3,800 | 4,148 |
| 1943 | 4,623 | 4,003 | 4,671 | 3,763 | 2,899 | 2,913 | 3,553 | 3,199 | 2,863 | 3,581 | 3,930 | 4,136 |
| 1944 | 3,968 | 3,808 | 4,825 | 3,845 | 3,468 | 3,175 | 3,489 | 3,674 | 3,120 | 3,620 | 3,568 | 4,344 |
| **Punjab:—** | | | | | | | | | | | | |
| 1940 | 86,015 | 78,588 | 79,406 | 64,513 | 62,974 | 65,949 | 77,146 | 92,496 | 98,953 | 99,936 | 95,649 | 94,138 |
| 1941 | 84,000 | 74,749 | 77,795 | 59,453 | 61,302 | 65,119 | 75 292 | 91,624 | 97,010 | 104,393 | 102,587 | 96,941 |
| 1942 | 83,693 | 73,104 | 73,593 | 56,989 | 60,516 | 64,022 | 70,856 | 82,544 | 94,296 | 96,378 | 87,858 | 82,272 |
| 1943 | 74,543 | 69,480 | 69,395 | 53,084 | 49,000 | 44,408 | 52,001 | 64,848 | 77,457 | 86,335 | 90,708 | 91,616 |
| 1944 | 82,963 | 74,661 | 72,736 | 62,937 | 62,857 | 58,324 | 67,475 | 84,878 | 93,906 | 100,170 | 97,022 | 93,869 |
| **Delhi:—** | | | | | | | | | | | | |
| 1940 | 817 | 624 | 615 | 583 | 561 | 756 | 1,108 | 1,333 | 1,265 | 1.247 | 979 | 904 |
| 1941 | 748 | 667 | 605 | 560 | 651 | 743 | 1,087 | 1,243 | 1,349 | 1,356 | 1,250 | 952 |
| 1942 | 794 | 608 | 687 | 650 | 716 | 862 | 1,117 | 1,221 | 1,291 | 1,137 | 858 | 750 |
| 1943 | 664 | 482 | 552 | 493 | 325 | 348 | 406 | 735 | 971 | 1,249 | 1,187 | 913 |
| 1944 | 739 | 519 | 589 | 541 | 493 | 514 | 633 | 837 | 1,055 | 1,249 | 1,075 | 944 |
| **U. P.:—** | | | | | | | | | | | | |
| 1940 | 123,330 | 112,873 | 104,788 | 98,963 | 82,430 | 91,004 | 110,783 | 138,482 | 153,888 | 149,145 | 136,891 | 136,753 |
| 1941 | 118,289 | 111,788 | 111,901 | 115,128 | 105,057 | 98,388 | 122,258 | 144,695 | 151,049 | 148,351 | 150,733 | 130,322 |
| 1942 | 119,988 | 113,952 | 103,220 | 95,573 | 98,289 | 97,941 | 116,118 | 121,364 | 126,830 | 131,384 | 113,497 | 109,653 |
| 1943 | 105,139 | 105,855 | 91,137 | 86,720 | 70,795 | 70,588 | 81,200 | 97,320 | 113,154 | 121,347 | 119,672 | 114,154 |
| 1944 | 102,713 | 100,808 | 96,226 | 85,805 | 73,948 | 75,318 | 79,317 | 96,164 | 110,958 | 127,067 | 130,757 | 125,480 |
| **Bihar:—** | | | | | | | | | | | | |
| 1940 | 85,964 | 75,917 | 75,984 | 71,308 | 62,753 | 63,439 | 70,513 | 84,944 | 102,704 | 102,073 | 92,570 | 93,959 |
| 1941 | 90,572 | 78,637 | 89,227 | 79,435 | 80,307 | 71,180 | 76,758 | 83 703 | 104,368 | 97,949 | 93,018 | 84,431 |
| 1942 | 83,009 | 79,045 | 77,909 | 69,488 | 74,171 | 68,823 | 65,622 | 49,854 | 67,005 | 80,647 | 82,574 | 75,405 |
| 1943 | 72,794 | 68,227 | 67,643 | 55,258 | 47,910 | 48,203 | 53,564 | 58,336 | 65,580 | 75,495 | 65,414 | 65,664 |
| 1944 | 65,386 | 62,370 | 58,734 | 57,332 | 46,968 | 43,141 | 48,498 | 58,248 | 78,850 | 81,346 | 76,671 | 81,376 |
| **Orissa:—** | | | | | | | | | | | | |
| 1940 | 18,374 | 16,461 | 16,690 | 21,068 | 23,965 | 21,558 | 22,976 | 19,804 | 19,233 | 20,658 | 22,248 | 23,533 |
| 1941 | 20,751 | 18,297 | 20,616 | 20,570 | 22,109 | 19,130 | 18,199 | 17,398 | 16,064 | 17,467 | 18,255 | 18,767 |
| 1942 | 16,600 | 14,439 | 16,472 | 18,949 | 21,580 | 22,133 | 21,829 | 19,852 | 19,194 | 20,404 | 20,898 | 22,075 |
| 1943 | 20,522 | 20,642 | 19,824 | 19,734 | 19,829 | 19,553 | 17,666 | 18,412 | 16,755 | 19,561 | 19,208 | 18,328 |
| 1944 | 17,240 | 15,619 | 16,856 | 18,190 | 18 209 | 15,778 | 13,415 | 13,478 | 13,631 | 15,835 | 15,833 | 15,666 |

## TABLE 5—BIRTHS BY MONTHS IN RURAL AREAS—*contd.*

| | Jan. | Feb. | March. | April. | May. | June. | July. | Aug. | Sept. | Oct. | Nov. | Dec. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Bengal:—** | | | | | | | | | | | | |
| 1940 | 157,879 | 144,321 | 152,005 | 131,679 | 107,133 | 93,132 | 91,730 | 97,151 | 121,050 | 149,190 | 175,086 | 173,349 |
| 1941 | 152,453 | 162,171 | 161,767 | 128,498 | 108,679 | 88,188 | 86,582 | 86,735 | 93,436 | 133,452 | 152,623 | 153,267 |
| 1942 | 132,831 | 122,956 | 127,002 | 105,581 | 100,130 | 88,993 | 89,618 | 88,043 | 103,381 | 131,762 | 146,574 | 143,530 |
| 1943 | 123,086 | 113,561 | 117,107 | 100,279 | 82,618 | 66,670 | 63,452 | 64,045 | 68,110 | 86,356 | 99,206 | 104,680 |
| 1944 | 94,241 | 84,680 | 80,880 | 67,303 | 58,924 | 49,285 | 50,447 | 53,931 | 65,096 | 85,463 | 97,973 | 105,762 |
| **C. P:—** | | | | | | | | | | | | |
| 1940 | 44,975 | 43,131 | 46,465 | 42,318 | 39,877 | 37,317 | 39,950 | 45,860 | 50,242 | 55,553 | 52,900 | 51,532 |
| 1941 | 48,991 | 43,006 | 47,507 | 46,657 | 46,297 | 46,632 | 53,677 | 63,738 | 61,823 | 62,517 | 55,846 | 52,923 |
| 1942 | 46,754 | 38,857 | 43,859 | 46,668 | 46,939 | 43,433 | 46,307 | 54,186 | 56,306 | 58,156 | 53,114 | 51,388 |
| 1943 | 47,199 | 40,461 | 42,149 | 42,128 | 39,382 | 35,813 | 41,033 | 49,636 | 55,384 | 56,150 | 53,097 | 50,713 |
| 1944 | 47,536 | 42,031 | 44,259 | 46,052 | 46,769 | 42,414 | 43,640 | 49,502 | 50,303 | 58,018 | 53,391 | 50,780 |
| **Bombay:—** | | | | | | | | | | | | |
| 1940 | 45,688 | 47,122 | 49,503 | 44,552 | 44,845 | 48,414 | 52,138 | 52,487 | 52,102 | 54,476 | 48,554 | 48,820 |
| 1941 | 46,060 | 44,174 | 48,422 | 46,441 | 49,221 | 49,765 | 54,207 | 54,029 | 52,105 | 54,881 | 50,518 | 47,665 |
| 1942 | 43,621 | 38,594 | 46,527 | 46,021 | 48,481 | 47,196 | 50,145 | 54,496 | 53,722 | 51,373 | 47,962 | 46,154 |
| 1943 | 40,726 | 36,881 | 42,506 | 41,502 | 43,566 | 46,237 | 49,901 | 51,113 | 51,563 | 49,938 | 47,049 | 44,675 |
| 1944 | 41,892 | 39,308 | 42,857 | 43,518 | 47,400 | 46,267 | 48,322 | 49,067 | 50,505 | 51,524 | 48,211 | 45,923 |
| **Sind:—** | | | | | | | | | | | | |
| 1940 | 5,624 | 4,258 | 3,620 | 3,455 | 3,234 | 3,026 | 3,578 | 4,523 | 5,172 | 5,981 | 5,232 | 5,405 |
| 1941 | 4,958 | 6,051 | 2,705 | 2,327 | 2,765 | 2,649 | 2,810 | 3,238 | 3,654 | 4,423 | 4,816 | 4,123 |
| 1942 | 4,344 | 3,375 | 3,516 | 3,162 | 3,722 | 3,739 | 3,721 | 3,634 | 3,702 | 5,180 | 4,986 | 3,731 |
| 1943 | 4,744 | 3,557 | 3,298 | 2,688 | 2,383 | 2,539 | 3,006 | 3,157 | 2,980 | 3,919 | 3,899 | 3,300 |
| 1944 | 3,385 | 3,269 | 3,027 | 2,394 | 2,859 | 2,594 | 2,430 | 3,281 | 3,268 | 4,274 | 3,635 | 2,827 |
| **Madras:—** | | | | | | | | | | | | |
| 1940 | 109,760 | 95,616 | 110,122 | 117,269 | 125,541 | 133,231 | 146,301 | 139,327 | 139,571 | 142,333 | 138,513 | 132,319 |
| 1941 | 114,610 | 101,975 | 106,994 | 115,378 | 132,897 | 139,521 | 151,253 | 141,619 | 136,539 | 142,056 | 135,178 | 129,224 |
| 1942 | 106,098 | 88,676 | 103,385 | 114,334 | 130,251 | 138,310 | 149,879 | 146,947 | 142,462 | 141,173 | 133,425 | 129,640 |
| 1943 | 108,249 | 88,507 | 93,868 | 102,799 | 115,660 | 121,681 | 136,071 | 140,791 | 128,241 | 124,300 | 119,857 | 119,671 |
| 1944 | 100,393 | 91,645 | 97,930 | 98,076 | 109,365 | 117,533 | 128,008 | 127,497 | 123,018 | 123,311 | 111,733 | 108,016 |
| **Coorg:—** | | | | | | | | | | | | |
| 1940 | 232 | 262 | 283 | 259 | 237 | 315 | 298 | 290 | 292 | 239 | 257 | 251 |
| 1941 | 217 | 276 | 293 | 284 | 283 | 340 | 285 | 323 | 267 | 223 | 185 | 203 |
| 1942 | 209 | 232 | 212 | 190 | 220 | 264 | 260 | 290 | 223 | 207 | 137 | 234 |
| 1943 | 223 | 234 | 226 | 153 | 210 | 238 | 244 | 231 | 240 | 221 | 192 | 195 |
| 1944 | 174 | 194 | 188 | 218 | 241 | 225 | 271 | 231 | 233 | 177 | 213 | 167 |

| | Jan. | Feb. | Mar. | Apr. | May. | June. | July. | Aug. | Sept. | Oct. | Nov. | Dec |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Assam :— | | | | | | | | | | | | |
| 1940 . . | 25,239 | 23,529 | 21,253 | 18,879 | 16,186 | 13,270 | 14,801 | 16,262 | 17,984 | 21,021 | 23,731 | 25,118 |
| 1941 . . | 25,579 | 23,358 | 22,055 | 22,848 | 15,114 | 15,043 | 15,840 | 16,338 | 18,338 | 22,391 | 23,586 | 24,918 |
| 1942 . . | 22,671 | 18,695 | 16,893 | 14,749 | 12,197 | 12,422 | 13,108 | 14,137 | 15,694 | 18,666 | 20,832 | 21,737 |
| 1943 . . | 20,385 | 18,231 | 16,145 | 14,448 | 12,418 | 11,444 | 11,313 | 13,005 | 12,568 | 14,995 | 18,080 | 18,258 |
| 1944 . . | 16,049 | 15,914 | 14,752 | 13,314 | 11,570 | 10,989 | 11,520 | 11,707 | 11,976 | 14,447 | 14,384 | 14,538 |
| Ajmer Merwara :— | | | | | | | | | | | | |
| 1940 . . | 1,042 | 871 | 684 | 580 | 526 | 663 | 638 | 807 | 719 | 606 | 560 | 637 |
| 1941 . . | 625 | 611 | 588 | 504 | 504 | 507 | 549 | 657 | 953 | 1,338 | 1,307 | 1,256 |
| 1942 . . | 1,190 | 1,002 | 873 | 696 | 872 | 935 | 889 | 1,076 | 1,069 | 1,022 | 893 | 898 |
| 1943 . . | 887 | 754 | 553 | 450 | 426 | 374 | 453 | 552 | 682 | 765 | 777 | 800 |
| 1944 . . | 841 | 764 | 715 | 611 | 558 | 560 | 670 | 738 | 912 | 945 | 1,131 | 1,020 |
| British India :— | | | | | | | | | | | | |
| 1940 . | 710,164 | 648,936 | 667,009 | 619,965 | 574,689 | 576,585 | 637,240 | 638,455 | 768,469 | 807,480 | 798,343 | 792,191 |
| 1941 . | 711,898 | 670,692 | 695,974 | 642,330 | 629,471 | 601,347 | 662,923 | 709,585 | 741,888 | 795,456 | 794,915 | 758,658 |
| 1942 . | 666,052 | 597,608 | 618,828 | 577,435 | 601,171 | 592,940 | 632,870 | 640,982 | 688,322 | 741,043 | 717,378 | 691,607 |
| 1943 . | 623,784 | 570,875 | 569,074 | 523,412 | 487,411 | 471 009 | 514,766 | 565,380 | 596,648 | 644,612 | 642,276 | 637,100 |
| 1944 . | 577,520 | 535,530 | 534,574 | 500,166 | 488,719 | 466,117 | 498,635 | 553,233 | 606,831 | 667,446 | 655,597 | 650,712 |

## TABLE 6.—BIRTHS BY MONTHS IN URBAN AREAS.

| | Jan. | Feb. | Mar. | Apr. | May. | June. | July. | Aug. | Sept. | Oct. | Nov. | Dec. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| N. W. F. P. :— | | | | | | | | | | | | |
| 1940 . . . . | 861 | 709 | 939 | 640 | 648 | 697 | 909 | 1,004 | 893 | 897 | 916 | 864 |
| 1941 . . . . | 1,029 | 875 | 843 | 498 | 717 | 635 | 779 | 793 | 729 | 852 | 893 | 982 |
| 1942 . . . . | 929 | 695 | 660 | 600 | 608 | 575 | 681 | 808 | 741 | 767 | 837 | 718 |
| 1943 . . . . | 857 | 767 | 718 | 545 | 607 | 514 | 749 | 714 | 677 | 913 | 992 | 766 |
| 1944 . . . . | 1,009 | 857 | 878 | 771 | 579 | 570 | 788 | 771 | 811 | 913 | 893 | 979 |
| Punjab :— | | | | | | | | | | | | |
| 1940 . . . . | 11,208 | 9,632 | 10,226 | 7,696 | 8,319 | 8,618 | 10,723 | 13,713 | 12,763 | 13,430 | 13,919 | 11,375 |
| 1941 . . . . | 12,029 | 9,737 | 9,267 | 7,854 | 8,456 | 8,966 | 11,708 | 13,683 | 13,790 | 15,743 | 14,567 | 12,487 |
| 1942 . . . . | 12,248 | 10,055 | 9,325 | 8,293 | 8,712 | 8,950 | 12,037 | 12,928 | 15,208 | 15,744 | 13,607 | 12,604 |
| 1943 . . . . | 11,517 | 10,439 | 10,263 | 8,336 | 7,748 | 7,561 | 10,288 | 11,591 | 13,029 | 14,377 | 14,890 | 13,903 |
| 1944 . . . . | 12,718 | 10,946 | 10,679 | 9,485 | 9,457 | 9,199 | 12,002 | 14,896 | 16,113 | 16,600 | 15,846 | 14,520 |

## TABLE 6.—BIRTHS BY MONTHS IN URBAN AREAS—*contd.*

| | Jan. | Feb. | Mar. | Apr. | May. | June. | July. | Aug. | Sept. | Oct. | Nov. | Dec. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Delhi:—** | | | | | | | | | | | | |
| 1940 | 1,813 | 1,508 | 1,524 | 1,400 | 1,516 | 1,633 | 2,154 | 2,431 | 2,463 | 2,387 | 2,247 | 2,052 |
| 1941 | 1,761 | 1,525 | 1,552 | 1,512 | 1,617 | 1,748 | 2,368 | 2,639 | 2,818 | 3,223 | 2,792 | 2,441 |
| 1942 | 2,023 | 1,726 | 1,664 | 1,470 | 1,556 | 1,809 | 2,347 | 2,443 | 2,866 | 2,762 | 2,361 | 2,177 |
| 1943 | 1,732 | 1,622 | 1,726 | 1,443 | 1,357 | 1,420 | 2,002 | 2,525 | 3,297 | 2,785 | 3,217 | 2,398 |
| 1944 | 2,174 | 1,841 | 1,901 | 1,803 | 1,621 | 1,561 | 2,095 | 3,025 | 3,065 | 3,189 | 3,166 | 2,793 |
| **U. P.:—** | | | | | | | | | | | | |
| 1940 | 19,931 | 16,115 | 16,068 | 15,877 | 14,772 | 15,704 | 19,902 | 26,294 | 26,480 | 25,475 | 24,958 | 19,689 |
| 1941 | 19,235 | 16,043 | 17,783 | 18,223 | 17,467 | 17,281 | 21,178 | 26,578 | 26,893 | 27,352 | 24,328 | 22,037 |
| 1942 | 19,545 | 16,815 | 16,237 | 15,407 | 17,096 | 17,559 | 22,301 | 25,060 | 27,150 | 26,927 | 21,198 | 19,312 |
| 1943 | 17,894 | 15,714 | 16,332 | 15,157 | 13,359 | 13,153 | 17,201 | 21,314 | 24,397 | 24,660 | 22,102 | 19,149 |
| 1944 | 18,103 | 15,467 | 15,625 | 15,293 | 13,473 | 12,872 | 15,470 | 21,533 | 24,897 | 26,972 | 24,637 | 22,123 |
| **Bihar:—** | | | | | | | | | | | | |
| 1940 | 2,078 | 1,757 | 1,664 | 1,616 | 1,322 | 1,516 | 1,618 | 2,324 | 2,324 | 2,999 | 2,559 | 2,100 |
| 1941 | 1,918 | 1,692 | 1,706 | 1,366 | 1,389 | 1,663 | 1,720 | 1,993 | 1,971 | 2,020 | 1,926 | 1,753 |
| 1942 | 1,757 | 1,498 | 1,473 | 1,209 | 1,636 | 1,282 | 1,448 | 1,444 | 1,483 | 1,517 | 1,724 | 1,613 |
| 1943 | 1,188 | 1,583 | 1,266 | 1,036 | 1,036 | 1,156 | 1,115 | 1,279 | 1,299 | 1,647 | 1,643 | 1,550 |
| 1944 | 1,690 | 1,453 | 1,293 | 1,428 | 1,189 | 993 | 1,375 | 1,648 | 1,531 | 1,748 | 1,848 | 1,647 |
| **Orissa :—** | | | | | | | | | | | | |
| 1940 | 540 | 439 | 486 | 509 | 512 | 557 | 629 | 659 | 631 | 642 | 687 | 709 |
| 1941 | 662 | 514 | 545 | 530 | 523 | 457 | 627 | 594 | 567 | 668 | 690 | 674 |
| 1942 | 504 | 502 | 495 | 376 | 437 | 541 | 644 | 586 | 650 | 628 | 681 | 737 |
| 1943 | 735 | 595 | 516 | 513 | 526 | 583 | 618 | 595 | 606 | 602 | 566 | 534 |
| 1944 | 568 | 520 | 552 | 477 | 457 | 468 | 481 | 473 | 494 | 481 | 517 | 509 |
| **Bengal:—** | | | | | | | | | | | | |
| 1940 | 8,557 | 7,265 | 7,257 | 6,823 | 6,196 | 5,666 | 6,219 | 7,002 | 7,381 | 7,878 | 9,426 | 8,491 |
| 1941 | 8,563 | 8,037 | 8,016 | 6,845 | 6,540 | 5,671 | 6,050 | 6,368 | 6,156 | 8,246 | 8,083 | 7,325 |
| 1942 | 6,638 | 5,358 | 5,134 | 4,452 | 4,383 | 4,470 | 5,325 | 5,768 | 6,117 | 6,307 | 7,553 | 6,393 |
| 1943 | 6,017 | 4,638 | 4,879 | 4,226 | 4,021 | 4,099 | 4,912 | 5,572 | 5,305 | 5,957 | 6,708 | 6,052 |
| 1944 | 5,844 | 5,171 | 5,094 | 4,241 | 4,044 | 4,105 | 5,230 | 4,904 | 4,968 | 6,739 | 6,617 | 6,268 |
| **C. P.:—** | | | | | | | | | | | | |
| 1940 | 6,329 | 6,043 | 6,664 | 5,114 | 4,598 | 4,675 | 6,391 | 7,758 | 7,837 | 8,054 | 7,476 | 6,882 |
| 1941 | 6,842 | 6,019 | 6,917 | 5,690 | 5,160 | 5,421 | 7,408 | 9,048 | 9,013 | 9,337 | 8,243 | 7,571 |
| 1942 | 6,802 | 5,425 | 5,817 | 5,432 | 5,287 | 5,744 | 7,206 | 8,091 | 8,493 | 8,016 | 8,248 | 7,905 |
| 1943 | 6,562 | 6,901 | 6,395 | 5,661 | 4,960 | 5,135 | 6,402 | 7,668 | 8,247 | 7,678 | 7,049 | 6,914 |
| 1944 | 6,301 | 5,934 | 5,872 | 5,691 | 5,566 | 5,812 | 6,474 | 7,897 | 7,999 | 8,113 | 7,860 | 6,941 |

| | Jan. | Feb. | Mar. | Apr. | May. | June. | July. | Aug. | Sept. | Oct. | Nov. | Dec. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Bombay :—** | | | | | | | | | | | | |
| 1940 | 14,267 | 13,799 | 13,519 | 12,110 | 12,057 | 12,005 | 13,463 | 14,630 | 14,834 | 15,763 | 15,472 | 15,087 |
| 1941 | 14,099 | 12,024 | 12,989 | 11,724 | 11,916 | 11,647 | 13,116 | 14,636 | 15,294 | 16,198 | 15,733 | 15,748 |
| 1942 | 13,296 | 11,992 | 11,610 | 10,850 | 11,088 | 11,015 | 12,398 | 13,799 | 13,314 | 13,801 | 14,458 | 12,813 |
| 1943 | 12,389 | 10,418 | 11,305 | 11,503 | 12,143 | 12,916 | 14,283 | 15,667 | 16,577 | 16,923 | 17,090 | 16,773 |
| 1944 | 15,456 | 14,018 | 14,526 | 13,317 | 13,836 | 13,562 | 14,732 | 16,198 | 16,791 | 18,333 | 18,165 | 17,582 |
| **Sind :—** | | | | | | | | | | | | |
| 1940 | 2,443 | 2,228 | 2,204 | 2,071 | 2,178 | 2,160 | 2,343 | 2,564 | 2,447 | 2,649 | 2,762 | 2,835 |
| 1941 | 2,579 | 2,180 | 2,127 | 2,020 | 2,235 | 2,137 | 2,426 | 2,589 | 2,563 | 2,662 | 3,012 | 2,941 |
| 1942 | 2,624 | 2,318 | 2,304 | 2,146 | 2,174 | 2,239 | 2,406 | 2,611 | 2,590 | 2,849 | 3,047 | 2,923 |
| 1943 | 2,638 | 2,356 | 2,240 | 1,956 | 2,008 | 1,985 | 2,246 | 2,407 | 2,374 | 2,768 | 2,929 | 3,246 |
| 1944 | 2,822 | 2,444 | 2,678 | 2,184 | 2,307 | 2,325 | 2,485 | 2,768 | 2,837 | 2,880 | 2,831 | 2,835 |
| **Madras :—** | | | | | | | | | | | | |
| 1940 | 13,352 | 12,410 | 13,854 | 14,421 | 14,175 | 13,202 | 14,525 | 14,356 | 14,220 | 14,505 | 16,095 | 14,933 |
| 1941 | 13,236 | 11,090 | 12,885 | 13,074 | 13,951 | 13,321 | 15,085 | 14,704 | 14,783 | 16,265 | 14,986 | 15,606 |
| 1942 | 11,925 | 9,537 | 11,394 | 11,205 | 11,556 | 12,921 | 14,443 | 14,193 | 14,741 | 15,713 | 15,671 | 16,161 |
| 1943 | 12,736 | 10,910 | 13,325 | 12,971 | 13,707 | 13,547 | 14,530 | 15,631 | 14,786 | 13,956 | 14,664 | 15,086 |
| 1944 | 12,235 | 11,376 | 12,983 | 12,019 | 13,495 | 13,019 | 12,973 | 13,697 | 13,174 | 14,068 | 14,013 | 14,147 |
| **Coorg :—** | | | | | | | | | | | | |
| 1940 | 41 | 44 | 53 | 44 | 47 | 52 | 45 | 47 | 40 | 37 | 36 | 54 |
| 1941 | 57 | 54 | 66 | 67 | 76 | 61 | 60 | 66 | 54 | 41 | 42 | 45 |
| 1942 | 42 | 38 | 63 | 65 | 52 | 62 | 43 | 72 | 48 | 38 | 51 | 45 |
| 1943 | 67 | 56 | 57 | 57 | 45 | 60 | 54 | 49 | 57 | 33 | 27 | 30 |
| 1944 | 49 | 50 | 62 | 60 | 46 | 49 | 46 | 42 | 32 | 54 | 30 | 41 |
| **Assam :—** | | | | | | | | | | | | |
| 1940 | 790 | 616 | 540 | 441 | 468 | 410 | 473 | 556 | 646 | 626 | 714 | 621 |
| 1941 | 818 | 617 | 540 | 459 | 529 | 521 | 577 | 619 | 551 | 796 | 758 | 588 |
| 1942 | 679 | 556 | 492 | 412 | 345 | 285 | 332 | 345 | 460 | 395 | 521 | 450 |
| 1943 | 496 | 397 | 409 | 309 | 281 | 281 | 358 | 405 | 387 | 433 | 647 | 484 |
| 1944 | 456 | 461 | 417 | 378 | 473 | 555 | 354 | 331 | 329 | 431 | 458 | 469 |

## Table 6.—Births by Months in Urban Areas—*contd.*

| | Jan. | Feb. | March. | April. | May. | June. | July. | Aug. | Sept. | Oct. | Nov. | Dec. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Ajmer-Merwara : —** | | | | | | | | | | | | |
| 1940 . . | 649 | 558 | 592 | 595 | 536 | 581 | 651 | 829 | 856 | 826 | 801 | 618 |
| 1941 . . | 608 | 534 | 599 | 526 | 471 | 392 | 554 | 712 | 887 | 1,030 | 1,074 | 853 |
| 1942 . . | 756 | 592 | 577 | 575 | 601 | 695 | 766 | 874 | 882 | 1,031 | 807 | 725 |
| 1943 . . | 598 | 543 | 493 | 543 | 483 | 487 | 576 | 738 | 846 | 721 | 807 | 776 |
| 1944 . . | 669 | 558 | 510 | 557 | 547 | 508 | 634 | 675 | 799 | 837 | 865 | 697 |
| **British India : —** | | | | | | | | | | | | |
| 1940 . . | 82,859 | 73,128 | 75,590 | 69,357 | 67,344 | 67,476 | 80,045 | 94,227 | 93,865 | 96,166 | 98,068 | 86,180 |
| 1941 . . | 83,436 | 70,941 | 75,835 | 70,388 | 71,074 | 70,221 | 83,656 | 95,022 | 96,072 | 104,433 | 97,732 | 91,051 |
| 1942 . . | 79,858 | 67,107 | 67,245 | 62,492 | 65,531 | 68,127 | 82,380 | 89,022 | 94,743 | 96,495 | 90,764 | 84,576 |
| 1943 . . | 75,426 | 66,939 | 69,924 | 64,256 | 62,281 | 62,887 | 75,340 | 86,155 | 91,884 | 93,453 | 93,340 | 87,661 |
| 1944 . . | 80,094 | 71,096 | 73,070 | 67,704 | 67,090 | 65,598 | 75,139 | 88,738 | 93,900 | 101,362 | 97,746 | 91,581 |

## Table 7—Total Deaths by Months

| | Jan. | Feb. | March. | April. | May. | June. | July. | Aug. | Sept. | Oct. | Nov. | Dec. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **N. W. F. P. : —** | | | | | | | | | | | | |
| 1940 . . | 4,232 | 3,848 | 3,631 | 3,229 | 3,554 | 3,805 | 4,102 | 3,323 | 3,877 | 4,113 | 6,184 | 7,128 |
| 1941 . . | 6,191 | 5,360 | 4,731 | 4,018 | 4,365 | 4,201 | 4,345 | 4,592 | 4,113 | 5,028 | 7,238 | 7,178 |
| 1942 . . | 6,387 | 5,059 | 4,512 | 3,036 | 3,386 | 3,613 | 2,872 | 3,053 | 2,709 | 4,170 | 4,852 | 5,467 |
| 1943 . . | 5,958 | 5,119 | 4,302 | 3,082 | 3,045 | 3,111 | 3,448 | 3,221 | 2,994 | 3,874 | 4,564 | 5,204 |
| 1944 . . | 5,586 | 4,339 | 4,404 | 3,216 | 3,204 | 3,332 | 2,870 | 2,688 | 2,877 | 3,488 | 3,954 | 4,586 |
| **Punjab : —** | | | | | | | | | | | | |
| 1940 . . | 51,141 | 43,190 | 41,197 | 43,296 | 57,123 | 60,919 | 53,175 | 51,784 | 62,068 | 63,767 | 63,871 | 65,437 |
| 1941 . . | 56,782 | 44,568 | 47,087 | 49,980 | 67,821 | 56,557 | 56,533 | 55,765 | 53,616 | 63,045 | 75,772 | 76,927 |
| 1942 . . | 60,513 | 45,512 | 40,867 | 42,132 | 58,409 | 56,423 | 44,444 | 52,168 | 78,617 | 138,951 | 113,264 | 91,241 |
| 1943 . . | 68,512 | 57,036 | 54,403 | 48,532 | 54,959 | 57,160 | 51,301 | 51,725 | 61,162 | 73,398 | 77,412 | 81,670 |
| 1944 . . | 73,025 | 61,382 | 56,598 | 50,777 | 66,232 | 64,768 | 51,653 | 49,032 | 58,030 | 76,008 | 78,926 | 71,792 |
| **Delhi : —** | | | | | | | | | | | | |
| 1940 . . | 1,199 | 943 | 1,105 | 1,399 | 1,947 | 2,297 | 1,470 | 1,541 | 1,854 | 1,452 | 1,281 | 1,246 |
| 1941 . . | 1,119 | 1,020 | 1,201 | 1,874 | 2,691 | 1,819 | 2,149 | 1,424 | 1,500 | 1,498 | 1,597 | 1,507 |
| 1942 . . | 1,304 | 1,009 | 1,029 | 1,197 | 1,516 | 1,811 | 1,252 | 1,718 | 2,469 | 3,519 | 2,706 | 1,789 |
| 1943 . . | 1,222 | 1,093 | 1,252 | 1,469 | 2,015 | 2,022 | 1,674 | 1,811 | 2,325 | 2,629 | 2,499 | 2,600 |
| 1944 . . | 2,863 | 1,987 | 1,829 | 1,665 | 2,157 | 1,937 | 1,818 | 2,152 | 1,839 | 1,783 | 1,773 | 1,563 |
| **U.P. : —** | | | | | | | | | | | | |
| 1940 . . | 87,538 | 73,999 | 76,616 | 90,843 | 93,844 | 103,718 | 89,664 | 88,010 | 93,929 | 89,740 | 81,676 | 84,601 |
| 1941 . . | 68,697 | 62,427 | 73,110 | 105,331 | 121,369 | 104,918 | 109,373 | 95,107 | 79,833 | 77,001 | 83,783 | 83,949 |
| 1942 . . | 71,337 | 65,275 | 64,757 | 74,780 | 90,870 | 94,320 | 75,360 | 74,764 | 86,740 | 121,724 | 114,818 | 98,684 |
| 1943 . . | 75,422 | 68,013 | 66,323 | 76,119 | 78,960 | 87,052 | 83,513 | 81,052 | 91,971 | 124,191 | 136,670 | 118,159 |
| 1944 . . | 90,979 | 82,910 | 81,098 | 79,532 | 94,311 | 103,065 | 92,045 | 95,677 | 87,847 | 89,025 | 88,760 | 87,163 |

| | Jan. | Feb. | Mar. | Apr. | May. | June. | July. | Aug. | Sept. | Oct. | Nov. | Dec. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Bihar :—** | | | | | | | | | | | | |
| 1940 | 58.893 | 48,782 | 51,003 | 59,129 | 63,366 | 63,257 | 56,372 | 66,314 | 70,538 | 63,198 | 58,264 | 60,290 |
| 1941 | 52.174 | 41,068 | 51,922 | 63,873 | 65,938 | 61.053 | 67,578 | 67,464 | 69,401 | 62,499 | 58,972 | 50,905 |
| 1942 | 44,466 | 40,755 | 40,411 | 45,822 | 54,966 | 52,423 | 42,990 | 33,288 | 45,544 | 58,438 | 57,377 | 52,425 |
| 1943 | 43,499 | 41,662 | 39,726 | 42,374 | 42,238 | 43.583 | 45,153 | 52,639 | 58,639 | 63,034 | 62.269 | 59368 |
| 1944 | 49,349 | 47,035 | 49,081 | 60,826 | 71,825 | 82,120 | 75,597 | 87,903 | 85,335 | 84,513 | 71,682 | 71,424 |
| **Orissa :—** | | | | | | | | | | | | |
| 1940 | 19.629 | 14,776 | 13,272 | 13,669 | 13,252 | 10,729 | 12,716 | 13,354 | 13,815 | 14,120 | 16,210 | 19,321 |
| 1941 | 19,400 | 15,900 | 18,283 | 17,877 | 18,564 | 17,627 | 22,678 | 19,672 | 15,932 | 14,925 | 14,979 | 17,437 |
| 1942 | 16,808 | 14,915 | 14,800 | 14,460 | 13,626 | 13,779 | 14.748 | 19,092 | 18,155 | 17,541 | 17,174 | 19,628 |
| 1943 | 16,968 | 18,188 | 17,163 | 15,864 | 14,527 | 13,361 | 15,470 | 21,830 | 19,798 | 24,418 | 27,386 | 28,611 |
| 1944 | 25,182 | 19,551 | 20,473 | 19,689 | 17,659 | 14,947 | 14,300 | 19,089 | 20,496 | 21,773 | 20,626 | 21,796 |
| **Bengal :—** | | | | | | | | | | | | |
| 1940 | 93,449 | 78,469 | 82,702 | 93,103 | 82,276 | 70,473 | 72,316 | 81,202 | 83,940 | 94,069 | 121,002 | 152,090 |
| 1941 | 121,814 | 99,117 | 111,693 | 103,758 | 87,143 | 75,317 | 82,146 | 81,331 | 77,218 | 98,936 | 117,493 | 128,584 |
| 1942 | 108,716 | 82,820 | 90,894 | 94,032 | 90,036 | 75,008 | 78,596 | 82,947 | 90,943 | 118,876 | 145,293 | 164,003 |
| 1913 | 116,777 | 92,246 | 88,624 | 94,279 | 92,387 | 92,190 | 129,394 | 155,518 | 176,408 | 243,758 | 295,830 | 331,301 |
| 1944 | 231,311 | 173,249 | 165,059 | 167,722 | 147,120 | 106,466 | 100,006 | 105,046 | 106,373 | 123,007 | 144,259 | 157,252 |
| **C. P. : —** | | | | | | | | | | | | |
| 1940 | 44,947 | 38,518 | 41,547 | 42,360 | 44,681 | 34,378 | 32,877 | 42,124 | 51,511 | 49,306 | 44,346 | 39,729 |
| 1941 | 36,780 | 32,595 | 36,202 | 38,353 | 44,501 | 44,016 | 46,041 | 47,739 | 55,406 | 57,792 | 53,437 | 47,050 |
| 1942 | 41,393 | 36,003 | 35,979 | 39,086 | 45,145 | 49,047 | 37,779 | 50,017 | 63,856 | 65,290 | 54,130 | 49,537 |
| 1943 | 33,526 | 34,555 | 37,056 | 39.957 | 38,978 | 31,284 | 33,056 | 38,684 | 42,678 | 46,655 | 48,949 | 47,528 |
| 1944 | 38,792 | 33,094 | 33,436 | 40,511 | 49,271 | 40,631 | 34,781 | 41,787 | 48,428 | 57,505 | 53,827 | 47,455 |
| **Bombay : —** | | | | | | | | | | | | |
| 1940 | 43,807 | 39,173 | 43,401 | 41,345 | 40,806 | 34,789 | 39,592 | 44,878 | 42,802 | 43,671 | 42,607 | 44,594 |
| 1941 | 44,407 | 36,643 | 41,958 | 41,922 | 40,566 | 36,309 | 45,037 | 51,871 | 51,665 | 53,882 | 49,391 | 46,086 |
| 1942 | 41,697 | 35,644 | 40,118 | 40,557 | 40,970 | 37,329 | 41,841 | 53,498 | 51,251 | 45,950 | 43,059 | 41,634 |
| 1943 | 38,333 | 37,183 | 40,620 | 38,895 | 37,532 | 35,958 | 44,777 | 44,869 | 43,297 | 44,710 | 46,447 | 50,000 |
| 1944 | 43,539 | 41,541 | 43,188 | 45,888 | 47,399 | 39,626 | 43,482 | 48,358 | 50,237 | 52,589 | 50,458 | 50,156 |
| **Sind :—** | | | | | | | | | | | | |
| 1940 | 5,625 | 4,900 | 4,548 | 4.575 | 4,421 | 3,530 | 3,505 | 3,497 | 3,588 | 4,127 | 5,392 | 5,652 |
| 1941 | 6,368 | 7,667 | 4,530 | 4,290 | 4,185 | 3,699 | 4,216 | 4,429 | 3,870 | 5,373 | 5,455 | 5,812 |
| 1942 | 6,786 | 5,218 | 4,706 | 4,035 | 3,659 | 3,132 | 2,928 | 3,071 | 3,031 | 4,138 | 5,139 | 6,316 |
| 1943 | 7,715 | 5,726 | 4,670 | 4,409 | 3,745 | 3,107 | 3,093 | 3,483 | 3,320 | 4,067 | 4,869 | 4,820 |
| 1944 | 5,319 | 4,644 | 4,415 | 3,525 | 3,899 | 3,398 | 3,074 | 3,638 | 4,619 | 6,088 | 6,151 | 5,729 |

## TABLE 7.—TOTAL DEATHS BY MONTHS—*contd.*

| | Jan. | Feb. | Mar. | Apr. | May. | June. | July. | Aug. | Sept. | Oct. | Nov. | Dec. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Madras : — | | | | | | | | | | | | |
| 1940 . | 109,143 | 80,210 | 77,306 | 75,226 | 80,671 | 83,424 | 92,070 | 92,838 | 87,433 | 92,082 | 103,442 | 123,195 |
| 1941 . | 109,916 | 83,976 | 82,485 | 80,580 | 92,130 | 92,683 | 106,113 | 97,461 | 89,111 | 96,276 | 99,119 | 105,987 |
| 1942 . | 91,875 | 72,314 | 72,640 | 73,959 | 96,205 | 87,439 | 102,809 | 101,470 | 97,841 | 101,899 | 103,499 | 128,179 |
| 1943 . | 135,838 | 103,460 | 86,862 | 79,920 | 85,395 | 92,855 | 120,470 | 112,308 | 92,852 | 97,521 | 119,298 | 143,908 |
| 1944 . | 119,005 | 98,158 | 99,402 | 95,103 | 100,330 | 97,862 | 110,363 | 118,524 | 109,664 | 107,823 | 109,677 | 125,507 |
| Coorg : — | | | | | | | | | | | | |
| 1940 . | 265 | 237 | 292 | 264 | 331 | 414 | 349 | 300 | 266 | 264 | 215 | 256 |
| 1941 . | 269 | 207 | 327 | 288 | 418 | 437 | 395 | 348 | 328 | 285 | 273 | 259 |
| 1942 . | 299 | 268 | 264 | 294 | 325 | 444 | 407 | 400 | 353 | 280 | 261 | 252 |
| 1943 . | 234 | 254 | 255 | 231 | 284 | 354 | 371 | 329 | 323 | 278 | 252 | 264 |
| 1944 . | 217 | 242 | 261 | 298 | 341 | 326 | 369 | 299 | 265 | 289 | 249 | 303 |
| Assam : — | | | | | | | | | | | | |
| 1940 . | 13,625 | 12,804 | 11,435 | 11,625 | 13,390 | 12,036 | 12,445 | 11,556 | 11,437 | 11,842 | 13,226 | 13,443 |
| 1941 . | 13,441 | 11,615 | 10,423 | 12,785 | 12,221 | 13,091 | 12,609 | 11,840 | 12,277 | 15,437 | 16,625 | 16,252 |
| 1942 . | 13,556 | 11,657 | 10,504 | 10,799 | 11,280 | 12,959 | 11,829 | 11,495 | 11,090 | 12,105 | 15,284 | 15,682 |
| 1943 . | 13,460 | 10,731 | 9,950 | 11,302 | 13,948 | 14,930 | 13,102 | 12,928 | 13,487 | 14,252 | 15,251 | 16,250 |
| 1944 . | 16,172 | 14,495 | 13,472 | 13,835 | 13,898 | 15,984 | 15,616 | 14,561 | 11,580 | 13,271 | 11,621 | 12,703 |
| Ajmer-Merwara : — | | | | | | | | | | | | |
| 1940 . | 2,101 | 1,503 | 2,008 | 2,398 | 2,519 | 1,461 | 988 | 1,380 | 2,204 | 2,732 | 2,605 | 2,591 |
| 1941 . | 1,931 | 1,412 | 1,348 | 1,231 | 1,027 | 797 | 740 | 837 | 1,122 | 1,229 | 1,142 | 1,284 |
| 1942 . | 1,384 | 1,109 | 1,192 | 1,203 | 1,209 | 1,089 | 774 | 1,182 | 1,760 | 1,957 | 1,525 | 1,544 |
| 1943 . | 1,301 | 1,289 | 1,264 | 1,276 | 1,271 | 819 | 696 | 1,102 | 1,597 | 1,538 | 1,419 | 1,408 |
| 1944 . | 1,460 | 1,416 | 1,272 | 1,286 | 1,389 | 1,064 | 973 | 1,375 | 1,959 | 1,632 | 1,559 | 1,497 |
| British India : — | | | | | | | | | | | | |
| 1940 . | 540,494 | 441,333 | 450,066 | 482,461 | 502,181 | 485,230 | 474,041 | 502,101 | 529,262 | 535,483 | 560,321 | 619,483 |
| 1941 . | 539,309 | 443,585 | 485,300 | 526,160 | 563,239 | 512,524 | 559,053 | 539,880 | 515,392 | 553,206 | 585,276 | 589,218 |
| 1942 . | 509,521 | 417,558 | 422,673 | 445,302 | 501,602 | 488,816 | 458,629 | 488,163 | 554,359 | 694,838 | 678,381 | 676,381 |
| 1943 . | 558,765 | 476,555 | 452,470 | 467,619 | 469,284 | 477,696 | 545,518 | 581,499 | 610,851 | 744,323 | 843,115 | 891,091 |
| 1944 . | 702,799 | 584,043 | 573,988 | 583,873 | 619,035 | 575,526 | 546,947 | 590,129 | 589,549 | 638,794 | 643,522 | 658,926 |

## TABLE 8.—DEATHS BY MONTHS IN RURAL AREAS.

| | Jan. | Feb. | Mar. | Apr. | May. | June. | July. | Aug. | Sept. | Oct. | Nov. | Dec. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| N. W. F. P.:— | | | | | | | | | | | | |
| 1940 . . . | 3,715 | 3,458 | 3,122 | 2,810 | 3,020 | 3,259 | 3,560 | 2,835 | 3,492 | 3,751 | 5,564 | 6,560 |
| 1941 . . . | 5,565 | 4,845 | 4,239 | 3,555 | 3,767 | 3,621 | 3,707 | 4,051 | 3,648 | 4,382 | 6,555 | 6,460 |
| 1942 . . . | 5,692 | 4,586 | 4,117 | 2,593 | 2,929 | 3,090 | 2,431 | 2,591 | 2,227 | 3,722 | 4,277 | 4,884 |
| 1943 . . . | 5,322 | 4,674 | 3,913 | 2,742 | 2,612 | 2,686 | 2,962 | 2,744 | 2,535 | 3,373 | 3,944 | 4,688 |
| 1944 . . . | 4,984 | 3,901 | 3,990 | 2,855 | 2,808 | 2,874 | 2,404 | 2,316 | 2,425 | 3,020 | 3,428 | 4,013 |
| Punjab :— | | | | | | | | | | | | |
| 1940 . . . | 45,317 | 38,907 | 36,386 | 38,411 | 49,659 | 53,057 | 46,088 | 44,144 | 54,859 | 58,460 | 56,940 | 59,515 |
| 1941 . . . | 50,829 | 39,869 | 41,973 | 44,159 | 59,494 | 49,483 | 48,714 | 48,422 | 47,523 | 55,655 | 67,867 | 69,831 |
| 1942 . . . | 54,222 | 40,764 | 36,409 | 36,382 | 51,243 | 49,351 | 38,274 | 44,968 | 69,918 | 126,981 | 103,124 | 81,835 |
| 1943 . . . | 61,587 | 51,325 | 48,838 | 42,923 | 47,830 | 49,200 | 43,374 | 43,304 | 52,798 | 65,132 | 69,290 | 73,146 |
| 1944 . . . | 65,709 | 55,217 | 50,574 | 44,845 | 57,787 | 56,197 | 44,655 | 40,186 | 48,505 | 67,414 | 70,415 | 64,061 |
| Delhi :— | | | | | | | | | | | | |
| 1940 . . . | 399 | 262 | 322 | 442 | 682 | 758 | 489 | 438 | 619 | 557 | 458 | 402 |
| 1941 . . . | 329 | 289 | 415 | 605 | 806 | 540 | 635 | 423 | 429 | 409 | 491 | 410 |
| 1942 . . . | 366 | 262 | 289 | 359 | 495 | 550 | 343 | 515 | 1,041 | 1,922 | 1,341 | 724 |
| 1943 . . . | 387 | 340 | 382 | 422 | 542 | 496 | 349 | 430 | 536 | 1,050 | 908 | 722 |
| 1944 . . . | 663 | 503 | 518 | 561 | 699 | 604 | 443 | 427 | 477 | 618 | 566 | 551 |
| U. P. :— | | | | | | | | | | | | |
| 1940 . . . | 74,564 | 63,480 | 64,866 | 77,114 | 77,129 | 86,681 | 76,545 | 73,098 | 78,418 | 76,740 | 68,501 | 72,874 |
| 1941 . . . | 58,152 | 53,225 | 60,455 | 86,905 | 100,538 | 87,656 | 92,032 | 80,516 | 66,698 | 63,235 | 70,348 | 71,480 |
| 1942 . . . | 60,017 | 55,858 | 54,265 | 61,898 | 74,136 | 75,977 | 63,567 | 59,574 | 69,913 | 101,331 | 97,655 | 84,107 |
| 1943 . . . | 64,842 | 58,654 | 55,447 | 63,953 | 63,401 | 73,142 | 70,377 | 66,169 | 74,058 | 101,262 | 114,865 | 101,110 |
| 1944 . . . | 76,511 | 71,195 | 67,642 | 65,010 | 74,498 | 84,247 | 76,674 | 76,879 | 71,812 | 74,184 | 74,903 | 74,398 |
| Bihar :— | | | | | | | | | | | | |
| 1940 . . . | 57,552 | 47,612 | 49,530 | 57,459 | 61,862 | 61,637 | 55,620 | 64,496 | 69,201 | 61,592 | 56,807 | 59,078 |
| 1941 . . . | 51,143 | 40,094 | 50,635 | 62,512 | 64,543 | 59,584 | 65,911 | 65,805 | 68,156 | 61,340 | 57,942 | 49,867 |
| 1942 . . . | 43,503 | 39,836 | 39,490 | 44,980 | 53,886 | 51,231 | 41,801 | 32,104 | 44,333 | 57,250 | 56,099 | 51,277 |
| 1943 . . . | 42,702 | 40,673 | 38,787 | 41,498 | 41,344 | 42,578 | 44,226 | 51,637 | 57,488 | 61,678 | 60,979 | 58,216 |
| 1944 . . . | 48,115 | 45,790 | 47,786 | 59,234 | 70,275 | 80 622 | 73,876 | 85,921 | 84,016 | 83,149 | 70,197 | 70,167 |

## Table 8.—Deaths by Months in Rural Areas—*contd.*

| | Jan. | Feb. | Mar. | Apr. | May. | June. | July. | Aug. | Sept. | Oct. | Nov. | Dec. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Orissa :—** | | | | | | | | | | | | |
| 1940 | 19,154 | 14,371 | 12,857 | 13,323 | 12,895 | 10,392 | 12,276 | 12,854 | 13,349 | 13,702 | 15,614 | 18,748 |
| 1941 | 18,848 | 15,494 | 17,734 | 17,371 | 18,063 | 17,124 | 21,768 | 18,974 | 15,445 | 14,438 | 14,494 | 16,949 |
| 1942 | 16,338 | 14,497 | 14,426 | 14,124 | 13,304 | 13,391 | 14,238 | 18,483 | 17,641 | 17,084 | 16,706 | 19,114 |
| 1943 | 16,448 | 17,616 | 16,706 | 15,435 | 14,081 | 12,904 | 14,795 | 21,078 | 19,006 | 23,466 | 26,471 | 27,638 |
| 1944 | 24,400 | 18,919 | 19,864 | 19,143 | 17,197 | 14,434 | 13,744 | 18,378 | 19,880 | 21,086 | 19,966 | 21,209 |
| **Bengal :—** | | | | | | | | | | | | |
| 1940 | 91,354 | 72,627 | 76,625 | 86,713 | 76,478 | 65,461 | 67,970 | 75,569 | 78,543 | 88,616 | 114,331 | 144,788 |
| 1941 | 114,004 | 91,917 | 103,198 | 96,048 | 81,005 | 69,755 | 76,328 | 75,780 | 72,078 | 92,899 | 110,890 | 122,335 |
| 1942 | 103,028 | 78,430 | 86,540 | 89,951 | 85,713 | 70,438 | 73,224 | 76,611 | 85,012 | 112,978 | 138,156 | 156,736 |
| 1943 | 110,485 | 87,117 | 83,221 | 89,009 | 86,898 | 86,426 | 119,696 | 143,830 | 162,949 | 223,142 | 273,764 | 313,778 |
| 1944 | 217,403 | 161,555 | 153,562 | 155,432 | 136,859 | 98,711 | 92,151 | 96,346 | 98,464 | 113,560 | 133,731 | 146,762 |
| **C. P. :—** | | | | | | | | | | | | |
| 1940 | 39,451 | 33,944 | 36,366 | 37,263 | 39,076 | 30,584 | 28,512 | 36,607 | 45,513 | 43,669 | 39,293 | 35,221 |
| 1941 | 32,456 | 28,926 | 32,021 | 33,921 | 39,160 | 39,563 | 41,021 | 41,547 | 48,822 | 51,477 | 47,789 | 41,878 |
| 1942 | 36,749 | 32,145 | 32,038 | 34,278 | 39,390 | 43,466 | 33,124 | 43,725 | 57,195 | 58,465 | 48,147 | 43,995 |
| 1943 | 29,378 | 30,279 | 32,335 | 34,713 | 34,064 | 27,586 | 28,834 | 33,811 | 37,500 | 41,362 | 44,008 | 42,460 |
| 1944 | 34,333 | 28,849 | 28,966 | 35,725 | 43,537 | 35,923 | 30,745 | 36,483 | 42,776 | 51,386 | 48,135 | 42,761 |
| **Bombay :—** | | | | | | | | | | | | |
| 1940 | 33,099 | 29,152 | 32,550 | 30,868 | 30,455 | 26,354 | 30,034 | 33,904 | 32,722 | 33,650 | 32,356 | 34,324 |
| 1941 | 33,889 | 27,405 | 31,224 | 30,998 | 30,487 | 27,641 | 35,103 | 39,353 | 40,020 | 42,311 | 38,713 | 35,108 |
| 1942 | 33,420 | 26,243 | 29,816 | 30,581 | 32,139 | 29,261 | 31,982 | 41,081 | 40,364 | 36,939 | 34,054 | 32,267 |
| 1943 | 28,010 | 27,708 | 30,141 | 28,751 | 27,013 | 26,552 | 33,117 | 32,523 | 31,924 | 33,207 | 34,642 | 37,434 |
| 1944 | 31,952 | 30,062 | 31,041 | 33,434 | 35,095 | 29,495 | 32,397 | 35,313 | 37,097 | 39,996 | 38,431 | 38,191 |
| **Sind :—** | | | | | | | | | | | | |
| 1940 | 4,019 | 3,523 | 3,089 | 3,099 | 2,864 | 2,226 | 2,285 | 2,310 | 2,375 | 2,990 | 4,036 | 4,015 |
| 1941 | 4,846 | 6,337 | 3,100 | 2,834 | 2,811 | 2,373 | 2,904 | 2,986 | 2,651 | 4,115 | 4,075 | 4,049 |
| 1942 | 4,815 | 3,713 | 3,236 | 2,651 | 2,339 | 2,009 | 1,791 | 1,735 | 1,793 | 2,854 | 3,553 | 4,159 |
| 1943 | 5,669 | 4,210 | 3,168 | 3,078 | 2,334 | 1,906 | 1,959 | 2,107 | 1,995 | 2,655 | 3,221 | 3,011 |
| 1944 | 3,477 | 3,093 | 2,781 | 2,014 | 2,305 | 1,800 | 1,654 | 1,926 | 2,482 | 3,788 | 3,935 | 3,445 |

| | Jan. | Feb. | Mar. | Apr. | May. | June. | July. | Aug. | Sept. | Oct. | Nov. | Dec. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Madras :— | | | | | | | | | | | | |
| 1940 . . . | 97,850 | 71,290 | 68,619 | 66,309 | 71,474 | 74,698 | 83,098 | 83,186 | 78,679 | 82,989 | 92,555 | 110,657 |
| 1941 . . . | 98,178 | 74,877 | 72,879 | 71,273 | 82,022 | 83,162 | 95,407 | 87,618 | 80,075 | 85,865 | 88,708 | 94,405 |
| 1942 . . . | 81,921 | 64,222 | 64,652 | 66,554 | 78,322 | 79,008 | 92,284 | 91,544 | 88,479 | 91,898 | 93,265 | 115,824 |
| 1943 . . . | 122,085 | 91,993 | 75,856 | 70,454 | 75,570 | 81,578 | 107,035 | 100,040 | 82,302 | 86,317 | 104,902 | 127,991 |
| 1944 . . . | 105,578 | 86,203 | 86,730 | 83,612 | 88,052 | 87,041 | 98,791 | 105,515 | 98,491 | 96,237 | 98,105 | 111,690 |
| Coorg :— | | | | | | | | | | | | |
| 1940 . . . | 226 | 208 | 264 | 231 | 288 | 381 | 304 | 267 | 223 | 233 | 185 | 217 |
| 1941 . . . | 239 | 171 | 290 | 259 | 350 | 382 | 329 | 296 | 282 | 250 | 232 | 218 |
| 1942 . . . | 253 | 222 | 223 | 229 | 274 | 368 | 348 | 317 | 292 | 23[illegible] | 217 | 201 |
| 1943 . . . | 190 | 207 | 206 | 181 | 225 | 296 | 285 | 260 | 253 | 238 | 205 | 211 |
| 1944 . . . | 177 | 210 | 205 | 247 | 303 | 280 | 306 | 246 | 214 | 229 | 211 | 245 |
| Assam :— | | | | | | | | | | | | |
| 1940 . . . | 13,263 | 12,509 | 11,175 | 11,407 | 13,099 | 11,746 | 12,151 | 11,225 | 11,[illegible]25 | 11,566 | 12,870 | 13,156 |
| 1941 . . . | 13,088 | 11,403 | 1[illegible],202 | 12,546 | 11,913 | 12,788 | 12,268 | 11,490 | 11,983 | 15,025 | 16,223 | 15,901 |
| 1942 . . . | 13,241 | 11,412 | 1[illegible],282 | 10,574 | 11,050 | 12,657 | 11,417 | 11,609 | 10,761 | 11,757 | 14,869 | 15,391 |
| 1943 . . . | 13,147 | 10,518 | 9,708 | 11,031 | 13,641 | 14,519 | 12,748 | 12,622 | 13,071 | 13,807 | 14,727 | 15,845 |
| 1944 . . . | 15,736 | 14,151 | 13,199 | 13,537 | 13,114 | 15,243 | 15,284 | 14,106 | 11,290 | 12,880 | 11,258 | 12,372 |
| Ajmer-Merwara :— | | | | | | | | | | | | |
| 1940 . . . | 1,280 | 1,007 | 1,449 | 1,711 | 1,531 | 902 | 531 | 833 | 1,542 | 1,973 | 1,759 | 1,786 |
| 1941 . . . | 1,357 | 1,000 | 834 | 625 | 468 | 384 | 371 | 368 | 570 | 659 | 615 | 671 |
| 1942 . . . | 785 | 692 | 663 | 549 | 511 | 478 | 378 | 628 | 1,080 | 1,201 | 900 | 1,000 |
| 1943 . . . | 841 | 873 | 778 | 707 | 601 | 443 | 333 | 548 | 938 | 918 | 821 | 739 |
| 1944 . . . | 824 | 853 | 786 | 659 | 595 | 526 | 472 | 679 | 1,260 | 942 | 903 | 946 |
| British India :— | | | | | | | | | | | | |
| 1940 . . . | 481,243 | 392,350 | 397,220 | 427,161 | 440,512 | 428,136 | 419,463 | 441,766 | 470,660 | 480,488 | 501,269 | 561,341 |
| 1941 . . . | 482,923 | 395,852 | 429,199 | 463,611 | 495,427 | 454,056 | 496,498 | 477,629 | 458,380 | 492,060 | 525,022 | 529,562 |
| 1942 . . . | 454,360 | 372,882 | 376,446 | 395,703 | 445,731 | 431,275 | 405,202 | 424,885 | 490,109 | 624,614 | 612,363 | 611,514 |
| 1943 . . . | 501,183 | 426,187 | 399,486 | 404,897 | 410,156 | 420,312 | 480,090 | 511,103 | 537,353 | 657,607 | 752,747 | 806,998 |
| 1944 . . . | 629,862 | 520,501 | 507,643 | 516,305 | 543,124 | 507,997 | 483,506 | 514,720 | 519,183 | 568,489 | 574,184 | 590,844 |

## Table 9.—Deaths by Months in Urban Areas.

| | Jan. | Feb. | Mar. | Apr. | May. | June. | July. | Aug. | Sept. | Oct. | Nov. | Dec. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| N. W. F. P. :— | | | | | | | | | | | | |
| 1940 | 517 | 390 | 509 | 419 | 534 | 546 | 542 | 488 | 385 | 362 | 620 | 566 |
| 1941 | 626 | 515 | 492 | 463 | 598 | 580 | 638 | 541 | 465 | 646 | 683 | 718 |
| 1942 | 695 | 473 | 395 | 443 | 457 | 523 | 441 | 462 | 422 | 448 | 575 | 583 |
| 1943 | 636 | 445 | 389 | 340 | 433 | 425 | 486 | 477 | 459 | 501 | 620 | 516 |
| 1944 | 602 | 438 | 414 | 361 | 396 | 458 | 466 | 372 | 452 | 468 | 526 | 573 |
| Punjab :— | | | | | | | | | | | | |
| 1940 | 5,824 | 4,283 | 4,811 | 4,885 | 7,464 | 7,862 | 7,087 | 7,640 | 7,209 | 6,307 | 6,931 | 5,922 |
| 1941 | 5,953 | 4,699 | 5,114 | 5,821 | 8,327 | 7,074 | 7,819 | 7,343 | 6,093 | 7,390 | 7,905 | 7,096 |
| 1942 | 6,291 | 4,748 | 4,458 | 5,750 | 7,166 | 7,072 | 6,170 | 7,200 | 8,699 | 11,970 | 10,140 | 9,406 |
| 1943 | 6,925 | 5,711 | 5,565 | 5,609 | 7,129 | 7,960 | 7,927 | 8,421 | 8,364 | 8,266 | 8,122 | 24 |
| 1944 | 7,316 | 6,165 | 6,024 | 5,932 | 8,445 | 8,571 | 6,998 | 8,846 | 9,525 | 8,594 | 8,511 | 7,731 |
| Delhi :— | | | | | | | | | | | | |
| 1940 | 800 | 681 | 783 | 957 | 1,265 | 1,539 | 981 | 1,103 | 1,235 | 895 | 823 | 844 |
| 1941 | 790 | 731 | 786 | 1,269 | 1,885 | 1,279 | 1,514 | 1,001 | 1,071 | 1,089 | 1,106 | 1,097 |
| 1942 | 938 | 747 | 740 | 838 | 1,021 | 1,261 | 909 | 1,203 | 1,428 | 1,597 | 1,365 | 1,065 |
| 1943 | 835 | 753 | 870 | 1,047 | 1,473 | 1,526 | 1,325 | 1,381 | 1,789 | 1,579 | 1,591 | 1,878 |
| 1944 | 2,200 | 1,484 | 1,311 | 1,104 | 1,458 | 1,333 | 1,375 | 1,725 | 1,362 | 1,165 | 1,207 | 1,012 |
| U. P. :— | | | | | | | | | | | | |
| 1940 | 12,974 | 10,519 | 11,753 | 13,729 | 16,715 | 17,037 | 13,119 | 14,912 | 15,511 | 13,000 | 13,175 | 11,727 |
| 1941 | 10,545 | 9,212 | 12,655 | 18,426 | 20,831 | 17,262 | 17,341 | 14,591 | 13,135 | 13,766 | 13,445 | 12,469 |
| 1942 | 11,320 | 9,417 | 10,492 | 12,882 | 16,734 | 18,343 | 11,793 | 15,190 | 16,827 | 20,393 | 17,163 | 14,577 |
| 1943 | 10,580 | 9,359 | 10,876 | 12,166 | 15,559 | 13,910 | 13,136 | 14,883 | 17,913 | 22,929 | 21,805 | 17,040 |
| 1944 | 14,468 | 11,715 | 13,456 | 14,522 | 19,813 | 18,818 | 15,371 | 18,798 | 16,035 | 14,841 | 13,857 | 12,765 |
| Bihar :— | | | | | | | | | | | | |
| 1940 | 1,341 | 1,170 | 1,473 | 1,670 | 1,504 | 1,620 | 1,252 | 1,818 | 1,337 | 1,606 | 1,457 | 1,212 |
| 1941 | 1,031 | 974 | 1,287 | 1,361 | 1,395 | 1,469 | 1,667 | 1,659 | 1,245 | 1,159 | 1,030 | 1,039 |
| 1942 | 963 | 919 | 921 | 842 | 1,080 | 1,192 | 1,189 | 1,184 | 1,211 | 1,188 | 1,278 | 1,148 |
| 1943 | 707 | 989 | 939 | 876 | 894 | 1,005 | 927 | 1,002 | 1,151 | 1,356 | 1,290 | 1,152 |
| 1944 | 1,234 | 1,245 | 1,296 | 1,595 | 1,550 | 1,498 | 1,721 | 1,982 | 1,325 | 1,364 | 1,485 | 1,257 |

| | Jan. | Feb. | Mar. | Apr. | May. | June. | July. | Aug. | Sep. | Oct. | Nov. | Dec. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Orissa :— | | | | | | | | | | | | |
| 1940 . . . | 475 | 395 | 415 | 346 | 357 | 337 | 440 | 500 | 466 | 418 | 596 | 573 |
| 1941 . . . | 552 | 406 | 549 | 506 | 501 | 503 | 910 | 698 | 487 | 487 | 485 | 488 |
| 1942 . . . | 470 | 418 | 374 | 336 | 322 | 388 | 510 | 609 | 514 | 457 | 468 | 514 |
| 1943 . . . | 520 | 572 | 457 | 429 | 446 | 457 | 675 | 752 | 792 | 952 | 915 | 973 |
| 1944 . . . | 782 | 632 | 609 | 546 | 462 | 513 | 556 | 711 | 616 | 687 | 660 | 587 |
| Bengal :— | | | | | | | | | | | | |
| 1940 . . . | 7,095 | 5,833 | 6,077 | 6,390 | 5,798 | 5,012 | 5,346 | 5,633 | 5,397 | 5,453 | 6,671 | 7,302 |
| 1941 . . . | 7,810 | 7,200 | 8,495 | 7,710 | 6,438 | 5,562 | 5,818 | 5,551 | 5,140 | 6,037 | 6,603 | 6,249 |
| 1942 . . . | 5,688 | 4,390 | 4,354 | 4,081 | 4,323 | 4,570 | 5,372 | 6,336 | 5,931 | 5,898 | 7,137 | 7,267 |
| 1943 . . . | 6,292 | 5,129 | 5,403 | 5,270 | 5,489 | 5,674 | 9,698 | 11,688 | 13,459 | 20,616 | 22,066 | 17,523 |
| 1944 . . . | 13,908 | 11,694 | 11,497 | 12,290 | 10,261 | 7,755 | 7,855 | 8,700 | 7,909 | 9,447 | 10,528 | 10,490 |
| C. P. :— | | | | | | | | | | | | |
| 1940 . . . | 5,396 | 4,574 | 5,181 | 5,097 | 5,605 | 3,794 | 4,365 | 5,517 | 5,998 | 5,637 | 5,053 | 4,508 |
| 1941 . . . | 4,324 | 3,669 | 4,181 | 4,432 | 5,341 | 4,453 | 5,020 | 6,192 | 6,584 | 6,315 | 5,648 | 5,172 |
| 1942 . . . | 4,644 | 3,858 | 3,941 | 4,808 | 5,755 | 5,581 | 4,655 | 6,292 | 6,661 | 6,825 | 5,983 | 5,542 |
| 1943 . . . | 4,148 | 4,276 | 4,721 | 5,244 | 4,914 | 3,698 | 4,222 | 4,873 | 5,178 | 5,293 | 4,941 | 5,068 |
| 1944 . . . | 4,459 | 4,245 | 4,470 | 4,786 | 5,734 | 4 708 | 4,036 | 5,304 | 5,652 | 6,119 | 5,692 | 4,694 |
| Bombay. — | | | | | | | | | | | | |
| 1940 . . . | 10,708 | 10,021 | 10,851 | 10,477 | 10,351 | 8,435 | 9,558 | 10,974 | 10,080 | 10,021 | 10,251 | 10,270 |
| 1941 . . . | 10,518 | 9,238 | 10,734 | 10,924 | 10,079 | 8,668 | 9,934 | 12,518 | 11,645 | 11,571 | 10,678 | 10,978 |
| 1942 . . . | 11,277 | 9,401 | 10,302 | 9,976 | 8,831 | 8,068 | 9,859 | 12,417 | 10,887 | 9,011 | 9,005 | 9,367 |
| 1943 . . . | 10,323 | 9,475 | 10,479 | 10,054 | 10,519 | 9,406 | 11,660 | 12,346 | 11,373 | 11,503 | 11,805 | 12,566 |
| 1944 . . . | 11,587 | 11,479 | 12,147 | 12,454 | 12,304 | 10,131 | 11,085 | 13,046 | 13,140 | 12,593 | 12,027 | 11,965 |
| Sind :— | | | | | | | | | | | | |
| 1940 . . . | 1,606 | 1,377 | 1,459 | 1,476 | 1,567 | 1,304 | 1,220 | 1,187 | 1,213 | 1,137 | 1,356 | 1,637 |
| 1941 . . . | 1,522 | 1,330 | 1,430 | 1,456 | 1,374 | 1,326 | 1,312 | 1,443 | 1,219 | 1,258 | 1,380 | 1,763 |
| 1942 . . . | 1,971 | 1,505 | 1,470 | 1,384 | 1,320 | 1,123 | 1,137 | 1,336 | 1,238 | 1,284 | 1,586 | 7 |
| 1943 . . . | 2,046 | 1,516 | 1,502 | 1,331 | 1,411 | 1,201 | 1,134 | 1,376 | 1,325 | 1,412 | 1,648 | |
| 1944 . . . | 1,842 | 1,551 | 1,634 | 1,511 | 1,594 | 1,598 | 1,420 | 1,712 | 2,137 | 2,300 | 2,216 | |

## TABLE 9.— DEATHS BY MONTHS IN URBAN AREAS—*contd.*

| | Jan. | Feb. | Mar. | Apr. | May. | June. | July. | Aug. | Sept. | Oct. | Nov. | Dec. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Madras:— | | | | | | | | | | | | |
| 1940 | 11,293 | 8,920 | 8,687 | 8,917 | 9,197 | 8,726 | 9,372 | 9,652 | 8,754 | 9,093 | 10,887 | 12,538 |
| 1941 | 11,738 | 9,099 | 6,606 | 9,307 | 10,108 | 9,521 | 10,706 | 9,843 | 9,036 | 10,411 | 10,321 | 11,582 |
| 1942 | 9,954 | 8,092 | 7,988 | 7,405 | 7,883 | 8,431 | 10,525 | 9,926 | 9,362 | 10,001 | 10,234 | 12,355 |
| 1943 | 13,735 | 11,167 | 11,006 | 9,466 | 9,825 | 11,277 | 13,435 | 12,268 | 10,550 | 11,204 | 14,396 | 15,917 |
| 1944 | 13,427 | 11,905 | 12,672 | 11,491 | 12,278 | 10,821 | 11,572 | 13,009 | 11,173 | 11,586 | 11,572 | 13,817 |
| Coorg:— | | | | | | | | | | | | |
| 1940 | 39 | 29 | 28 | 33 | 43 | 33 | 45 | 33 | 43 | 31 | 30 | 39 |
| 1941 | 50 | 36 | 37 | 29 | 68 | 55 | 66 | 52 | 46 | 35 | 41 | 41 |
| 1942 | 46 | 46 | 41 | 65 | 51 | 76 | 59 | 83 | 61 | 48 | 44 | 51 |
| 1943 | 44 | 47 | 49 | 50 | 59 | 58 | 86 | 69 | 70 | 40 | 47 | 53 |
| 1944 | 40 | 32 | 56 | 51 | 38 | 46 | 63 | 58 | 51 | 55 | 38 | 58 |
| Assam:— | | | | | | | | | | | | |
| 1940 | 362 | 295 | 260 | 218 | 291 | 290 | 294 | 331 | 312 | 276 | 356 | 287 |
| 1941 | 353 | 212 | 221 | 239 | 308 | 303 | 341 | 350 | 294 | 412 | 402 | 351 |
| 1942 | 315 | 245 | 222 | 225 | 230 | 302 | 412 | 486 | 329 | 348 | 415 | 291 |
| 1943 | 313 | 213 | 242 | 271 | 307 | 411 | 354 | 306 | 416 | 445 | 524 | 405 |
| 1944 | 436 | 344 | 273 | 298 | 784 | 741 | 332 | 455 | 290 | 391 | 363 | 331 |
| Ajmer Merwara:— | | | | | | | | | | | | |
| 1940 | 821 | 496 | 559 | 687 | 988 | 559 | 457 | 547 | 662 | 759 | 846 | 715 |
| 1941 | 574 | 412 | 514 | 606 | 559 | 413 | 369 | 469 | 552 | 570 | 527 | 613 |
| 1942 | 599 | 417 | 529 | 654 | 698 | 611 | 396 | 554 | 680 | 756 | 625 | 544 |
| 1943 | 460 | 416 | 486 | 569 | 670 | 376 | 363 | 554 | 559 | 620 | 598 | 669 |
| 1944 | 636 | 563 | 486 | 627 | 794 | 538 | 501 | 696 | 699 | 690 | 656 | 551 |
| British India:— | | | | | | | | | | | | |
| 1940 | 59,251 | 48,983 | 52,846 | 55,301 | 61,669 | 57,094 | 54,578 | 60,335 | 58,602 | 54,995 | 59,052 | 58,142 |
| 1941 | 56,386 | 47,733 | 56,101 | 62,549 | 67,812 | 58,468 | 63,455 | 62,251 | 57,012 | 61,146 | 60,254 | 59,656 |
| 1942 | 55,171 | 44,676 | 46,227 | 49,689 | 55,871 | 57,541 | 53,427 | 63,278 | 64,250 | 70,224 | 66,018 | 64,867 |
| 1943 | 57,582 | 50,368 | 52,984 | 52,722 | 59,128 | 57,384 | 65,428 | 70,396 | 73,498 | 86,716 | 90,368 | 84,093 |
| 1944 | 72,937 | 63,542 | 66,345 | 67,568 | 75,911 | 67,529 | 63,351 | 75,414 | 70,366 | 70,300 | 69,338 | 68,115 |

## TABLE 10.—TOTAL DEATHS BY AGE AND SEX.

| | Under one year. | | | 1—5 years. | | | 5—10 Years. | | | 10—15 Years. | | | 15—20 Years. | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Persons. | Male. | Female. | Persons. | Male. | Female. | Persons | Male. | Female. | Persons. | Male. | Female. | Persons. | Male. | Female. |
| N. W. F. P.— | | | | | | | | | | | | | | | |
| 1940 . . | 10,173 | 5,781 | 4,392 | 10,471 | 5,545 | 4,926 | 3,280 | 1,703 | 1,577 | 2,219 | 1,129 | 1,090 | 2,209 | 1,120 | 1,089 |
| 1941 . . | 10,497 | 5,995 | 4,502 | 12,631 | 6,870 | 5,761 | 4,185 | 2,184 | 2,001 | 3,049 | 1,539 | 1,510 | 3,124 | 1,639 | 1,485 |
| 1942 . . | 7,777 | 4,562 | 3,215 | 8,632 | 4,643 | 3,989 | 3,494 | 1,897 | 1,597 | 2,462 | 1,351 | 1,111 | 2,452 | 1,290 | 1,162 |
| 1943 . . | 7,016 | 4,035 | 2,981 | 7,049 | 3,790 | 3,259 | 3,473 | 1,930 | 1,543 | 2,583 | 1,420 | 1,163 | 2,708 | 1,485 | 1,223 |
| 1944 . . | 7,035 | 4,073 | 2,962 | 6,495 | 3,547 | 2,948 | 3,350 | 1,838 | 1,512 | 2,510 | 1,348 | 1,162 | 2,368 | 1,258 | 1,110 |
| Punjab— | | | | | | | | | | | | | | | |
| 1940 . . | 200,925 | 109,565 | 91,360 | 145,332 | 75,411 | 69,921 | 34,661 | 17,956 | 16,705 | 22,078 | 10,903 | 11,175 | 21,069 | 10,000 | 11,069 |
| 1941 . . | 209,010 | 113,756 | 95,254 | 159,278 | 83,301 | 75,977 | 38,978 | 20,319 | 18,659 | 25,176 | 12,564 | 12,612 | 23,425 | 11,228 | 12,197 |
| 1942 . . | 227,704 | 122,775 | 104,929 | 169,847 | 87,969 | 81,878 | 51,362 | 26,221 | 25,141 | 34,544 | 17,273 | 17,271 | 32,146 | 15,732 | 16,414 |
| 1943 . . | 181,803 | 99,413 | 82,390 | 135,826 | 72,679 | 63,147 | 46,824 | 25,077 | 21,747 | 34,000 | 17,529 | 16,471 | 32,547 | 16,501 | 16,046 |
| 1944 . . | 191,191 | 104,914 | 86,277 | 146,820 | 78,630 | 68,190 | 50,466 | 27,282 | 23,184 | 36,070 | 18,945 | 17,125 | 34,040 | 17,669 | 16,371 |
| Delhi— | | | | | | | | | | | | | | | |
| 1940 . . | 5,458 | 2,928 | 2,530 | 4,085 | 2,107 | 1,978 | 732 | 380 | 352 | 509 | 218 | 291 | 702 | 258 | 444 |
| 1941 . . | 6,106 | 3,305 | 2,801 | 4,624 | 2,397 | 2,227 | 836 | 443 | 393 | 603 | 264 | 339 | 709 | 283 | 426 |
| 1942 . . | 6,384 | 3,439 | 2,945 | 5,020 | 2,513 | 2,507 | 1,185 | 608 | 577 | 630 | 284 | 346 | 727 | 311 | 416 |
| 1943 . . | 5,896 | 3,095 | 2,801 | 5,389 | 2,691 | 2,698 | 1,537 | 793 | 744 | 726 | 370 | 356 | 720 | 293 | 427 |
| 1944 . . | 6,115 | 3,205 | 2,910 | 5,558 | 2,787 | 2,771 | 1,549 | 797 | 752 | 760 | 385 | 375 | 773 | 327 | 446 |
| U. P.— | | | | | | | | | | | | | | | |
| 1940 . . | 227,430 | 126,683 | 100,777 | 223,009 | 119,683 | 103,317 | 53,166 | 28,975 | 24,191 | 35,554 | 19,059 | 16,495 | 31,483 | 15,674 | 15,809 |
| 1941 . . | 232 486 | 129,340 | 103.146 | 244,096 | 131,884 | 112,212 | 53,577 | 29,225 | 24,352 | 36,304 | 19,504 | 16,800 | 33,077 | 16,213 | 16,864 |
| 1942 . . | 227,994 | 126,510 | 101,484 | 222,686 | 118,916 | 103,770 | 49,230 | 26,453 | 22,777 | 34,147 | 18,291 | 15,856 | 29,989 | 14,976 | 15,013 |
| 1943 . . | 188,066 | 103,789 | 84,277 | 222,293 | 119,129 | 103,164 | 59,330 | 32,210 | 27,120 | 40,039 | 21,902 | 18,137 | 34,523 | 17,929 | 16,594 |
| 1944 . . | 178,823 | 99,817 | 79,006 | 226,196 | 122,747 | 103,449 | 62,943 | 34,530 | 28,413 | 42,827 | 23,770 | 19,057 | 36,103 | 19,365 | 16,738 |

## TABLE 10.—TOTAL DEATHS BY AGE AND SEX—*contd.*

| | Under one year. | | | 1—5 years. | | | 5—10 years. | | | 10—15 years. | | | 15—20 years. | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Persons. | Male. | Female. | Persons. | Male. | Female. | Persons. | Male. | Female. | Persons. | Male. | Female. | Persons. | Male. | Female. |
| **Bihar –** | | | | | | | | | | | | | | | |
| 1940 | 118,444 | 65,366 | 53,078 | 144,945 | 74,516 | 70,429 | 46,543 | 25,403 | 21,140 | 25,238 | 14,608 | 10,630 | 24,503 | 12,839 | 11,664 |
| 1941 | 114,522 | 63,065 | 51,457 | 145,548 | 74,650 | 70,898 | 50,282 | 27,563 | 22,719 | 27,231 | 15,543 | 11,688 | 26,178 | 13,641 | 12,537 |
| 1942 | 94,858 | 52,524 | 42,334 | 96,285 | 51,817 | 44,468 | 38,684 | 21,527 | 17,157 | 22,641 | 13,158 | 9,483 | 22,194 | 12,126 | 10,068 |
| 1943 | 74,921 | 41,324 | 33,597 | 92,983 | 48,831 | 44,152 | 43,338 | 23,942 | 19,396 | 26,081 | 15,081 | 11,000 | 24,340 | 13,491 | 10,849 |
| 1944 | 86,443 | 47,628 | 38,815 | 147,427 | 76,777 | 70,650 | 72,671 | 40,027 | 32,644 | 42,175 | 24,308 | 17,897 | 33,932 | 18,952 | 14,980 |
| **Orissa –** | | | | | | | | | | | | | | | |
| 1940 | 46,426 | 24,827 | 21,599 | 23,679 | 11,790 | 11,889 | 8,468 | 4,282 | 4,186 | 4,199 | 2,242 | 1,957 | 5,611 | 2,457 | 3,154 |
| 1941 | 52,883 | 28,517 | 24,366 | 32,682 | 16,373 | 16,309 | 10,581 | 5,399 | 5,182 | 5,418 | 2,816 | 2,602 | 6,957 | 3,014 | 3,943 |
| 1942 | 46,014 | 24,398 | 21,616 | 27,735 | 13,648 | 14,087 | 9,589 | 4,895 | 4,694 | 5,361 | 2,880 | 2,481 | 6,634 | 2,954 | 3,680 |
| 1943 | 48,009 | 25,556 | 22,453 | 29,365 | 15,269 | 14,096 | 12,490 | 6,718 | 5,772 | 7,600 | 3,992 | 3,608 | 10,147 | 47,67 | 5,380 |
| 1944 | 40,784 | 21,711 | 19,073 | 32,638 | 16,794 | 15,844 | 15,468 | 8,147 | 7,321 | 9,752 | 5,223 | 4,529 | 11,560 | 5,445 | 6,115 |
| **Bengal –** | | | | | | | | | | | | | | | |
| 1940 | 267,894 | 146,259 | 121,635 | 176,745 | 87,057 | 89,688 | 78,565 | 40,566 | 37,999 | 37,338 | 20,710 | 16,628 | 46,587 | 18,649 | 27,938 |
| 1941 | 248,226 | 135,163 | 113,063 | 178,466 | 88,804 | 89,662 | 83,755 | 43,551 | 40,204 | 42,306 | 23,709 | 18,597 | 52,144 | 21,815 | 30,329 |
| 1942 | 223,500 | 120,853 | 102,647 | 185,586 | 92,381 | 93,205 | 98,078 | 50,839 | 47,239 | 48,231 | 27,231 | 21,000 | 54,999 | 23,557 | 31,442 |
| 1943 | 224,998 | 119,025 | 105,973 | 280,680 | 140,834 | 139,846 | 173,838 | 90,641 | 83,197 | 92,258 | 53,171 | 39,087 | 90,698 | 43,652 | 47,046 |
| 1944 | 198,987 | 105,622 | 93,365 | 274,737 | 137,941 | 136,796 | 160,328 | 83,110 | 77,218 | 78,103 | 45,230 | 32,873 | 77,387 | 37,267 | 40,120 |
| **C. P.** | | | | | | | | | | | | | | | |
| 1940 | 141,961 | 77,284 | 64,677 | 95,960 | 51,032 | 44,928 | 24,383 | 13,106 | 11,277 | 12,791 | 6,850 | 5,941 | 14,305 | 6,899 | 7,406 |
| 1941 | 154,204 | 83,656 | 70,548 | 109,703 | 57,680 | 52,023 | 26,315 | 14,074 | 12,241 | 14,512 | 7,794 | 6,718 | 15,798 | 7,397 | 8,401 |
| 1942 | 155,285 | 84,259 | 71,026 | 110,057 | 58,935 | 51,122 | 29,578 | 15,747 | 13,831 | 16,268 | 8,613 | 7,655 | 16,765 | 7,895 | 8,870 |
| 1943 | 130,689 | 71,242 | 59,447 | 86,667 | 46,421 | 40,246 | 22,673 | 12,123 | 10,550 | 12,994 | 7,040 | 5,954 | 13,039 | 6,578 | 6,461 |
| 1944 | 145,037 | 78,531 | 66,506 | 109,127 | 58,118 | 51,009 | 27,079 | 14,505 | 12,574 | 15,791 | 8,384 | 7,407 | 14,985 | 7,448 | 7,537 |

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bombay— | | | | | | | | | | | | | | | | |
| 1940 | 128,103 | 68,688 | 59,415 | 105,581 | 52,374 | 53,207 | 24,059 | 11,733 | 12,326 | 12,216 | 5,864 | 6,352 | 11,839 | 6,126 | 6,713 |
| 1941 | 121,298 | 65,505 | 55,793 | 104,616 | 52,298 | 52,318 | 28,731 | 14,413 | 14,318 | 17,365 | 8,952 | 8,413 | 16,772 | 7,626 | 9,146 |
| 1942 | 116,333 | 63,194 | 53,139 | 113,020 | 56,929 | 56,091 | 25,311 | 12,401 | 12,910 | 14,148 | 7,079 | 7,069 | 13,387 | 6,136 | 7,251 |
| 1943 | 112,323 | 60,749 | 51,574 | 103,125 | 51,820 | 51,305 | 26,043 | 12,769 | 13,274 | 13,958 | 6,986 | 6,972 | 12,874 | 5,934 | 6,940 |
| 1944 | 123,123 | 65,949 | 57,174 | 125,356 | 62,894 | 62,462 | 29,212 | 14,301 | 14,911 | 14,778 | 7,202 | 7,576 | 14,240 | 6,655 | 7,585 |
| Sind— | | | | | | | | | | | | | | | | |
| 1940 | 9,487 | 5,123 | 4,364 | 8,323 | 4,410 | 3,913 | 3,515 | 1,903 | 1,612 | 2,379 | 1,328 | 1,051 | 2,778 | 1,401 | 1,377 |
| 1941 | 8,479 | 4,569 | 3,910 | 10,043 | 5,374 | 4,669 | 3,346 | 1,789 | 1,557 | 2,887 | 1,610 | 1,277 | 3,413 | 1,870 | 1,543 |
| 1942 | 8,831 | 4,817 | 4,014 | 8,112 | 4,318 | 3,794 | 2,834 | 1,515 | 1,319 | 2,194 | 1,193 | 1,001 | 2,807 | 1,408 | 1,399 |
| 1943 | 8,700 | 4,762 | 3,938 | 7,192 | 3,904 | 3,288 | 2,983 | 1,605 | 1,378 | 2,031 | 1,126 | 905 | 2,220 | 1,158 | 1,062 |
| 1944 | 9,339 | 5,039 | 4,300 | 8,303 | 4,292 | 4,011 | 3,618 | 1,821 | 1,797 | 2,269 | 1,271 | 998 | 1,862 | 960 | 902 |
| Madras— | | | | | | | | | | | | | | | | |
| 1940 | 286,688 | 155,001 | 131,687 | 176,008 | 87,101 | 88,907 | 51,059 | 25,486 | 25,573 | 27,029 | 13,397 | 13,632 | 29,763 | 12,460 | 17,303 |
| 1941 | 293,462 | 158,031 | 135,431 | 188,341 | 92,960 | 95,381 | 53,918 | 27,114 | 26,804 | 27,893 | 13,971 | 13,922 | 32,449 | 13,359 | 19,090 |
| 1942 | 268,895 | 144,609 | 124,286 | 170,764 | 84,534 | 86,230 | 59,669 | 29,983 | 29,686 | 33,521 | 17,131 | 16,390 | 33,307 | 14,708 | 18,599 |
| 1943 | 269,744 | 145,017 | 124,727 | 189,492 | 94,488 | 95,004 | 75,295 | 37,880 | 37,415 | 44,735 | 22,391 | 22,344 | 39,472 | 17,848 | 21,624 |
| 1944 | 287,542 | 152,779 | 134,763 | 222,058 | 109,979 | 112,079 | 70,522 | 34,861 | 35,661 | 38,002 | 18,985 | 19,017 | 37,292 | 16,584 | 20,708 |
| Coorg— | | | | | | | | | | | | | | | | |
| 1940 | 508 | 272 | 236 | 371 | 201 | 170 | 171 | 85 | 86 | 159 | 70 | 89 | 194 | 102 | 92 |
| 1941 | 607 | 321 | 286 | 368 | 190 | 178 | 173 | 92 | 81 | 161 | 83 | 78 | 236 | 118 | 118 |
| 1942 | 510 | 264 | 246 | 393 | 199 | 194 | 189 | 102 | 87 | 165 | 93 | 72 | 200 | 96 | 104 |
| 1943 | 391 | 200 | 191 | 238 | 130 | 108 | 158 | 74 | 84 | 177 | 94 | 83 | 246 | 136 | 110 |
| 1944 | 376 | 190 | 186 | 295 | 158 | 137 | 159 | 93 | 66 | 182 | 106 | 76 | 229 | 118 | 111 |

## TABLE 10.—TOTAL DEATHS BY AGE AND SEX—*contd.*

| | Under one year. | | | 1—5 years. | | | 5—10 years. | | | 10—15 years. | | | 15—20 years. | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Persons. | Male. | Female. | Persons. | Male. | Female. | Persons. | Male. | Female. | Persons. | Male. | Female. | Persons. | Male. | Female. |
| **Assam—** | | | | | | | | | | | | | | | |
| 1940 . . | 34,610 | 18,806 | 15,804 | 21,694 | 11,295 | 10,399 | 9,600 | 5,137 | 4,463 | 6,026 | 3,273 | 2,753 | 7,473 | 3,211 | 4,262 |
| 1941 . . | 34,380 | 19,018 | 15,362 | 22,378 | 11,564 | 10,814 | 10,574 | 5,638 | 4,936 | 6,436 | 3,477 | 2,959 | 8,311 | 3,609 | 4,702 |
| 1942 . . | 28,271 | 15,279 | 12,992 | 19,820 | 10,442 | 9,378 | 10,459 | 5,700 | 4,759 | 7,081 | 3,859 | 3,222 | 8,264 | 3,780 | 4,484 |
| 1943 . . | 24,392 | 13,144 | 11,248 | 21,850 | 11,217 | 10,633 | 12,996 | 6,673 | 6,323 | 8,460 | 4,737 | 3,723 | 9,417 | 4,588 | 4,829 |
| 1944 . . | 26,929 | 14,430 | 12,499 | 25,979 | 13,167 | 12,812 | 13,878 | 7,406 | 6,472 | 9,072 | 4,969 | 4,103 | 9,615 | 4,818 | 4,797 |
| **Ajmer-Merwara—** | | | | | | | | | | | | | | | |
| 1940 . . | 5,201 | 2,734 | 2,467 | 8,434 | 4,363 | 4,071 | 1,374 | 736 | 638 | 618 | 312 | 306 | 639 | 293 | 346 |
| 1941 . . | 3,123 | 1,661 | 1,462 | 2,987 | 1,578 | 1,409 | 718 | 396 | 322 | 421 | 220 | 201 | 492 | 194 | 298 |
| 1942 . . | 4,284 | 2,261 | 2,023 | 3,136 | 1,608 | 1,528 | 603 | 322 | 281 | 415 | 217 | 198 | 448 | 168 | 280 |
| 1943 . . | 3,146 | 1,682 | 1,464 | 2,692 | 1,361 | 1,331 | 592 | 310 | 282 | 400 | 192 | 208 | 494 | 195 | 299 |
| 1944 . . | 3,609 | 1,862 | 1,747 | 3,580 | 1,671 | 1,709 | 884 | 452 | 432 | 540 | 287 | 253 | 509 | 230 | 279 |
| **British India—** | | | | | | | | | | | | | | | |
| 1940 . . | 1,483,338 | 809,317 | 674,021 | 1,144,628 | 586,885 | 557,743 | 339,576 | 177,451 | 162,125 | 188,353 | 99,963 | 88,390 | 199,155 | 90,489 | 108,666 |
| 1941 . . | 1,489,283 | 811,902 | 677,381 | 1,215,761 | 627 923 | 589,838 | 365,969 | 192,200 | 173,769 | 209,762 | 112,046 | 97,716 | 223,085 | 102,006 | 121,079 |
| 1942 . . | 1,416,640 | 769,744 | 646,896 | 1,141,093 | 588,852 | 552,241 | 380,265 | 198,210 | 182,055 | 221,808 | 118,653 | 103,155 | 224,319 | 105,137 | 119,182 |
| 1943 . . | 1,280.094 | 693,033 | 587,061 | 1,184,841 | 612,164 | 572,277 | 481,570 | 252,745 | 228,825 | 286,042 | 156,031 | 130,011 | 273,445 | 134,555 | 138,890 |
| 1944 . . | 1,305,333 | 705,750 | 599,583 | 1,334,569 | 689,702 | 644,867 | 512,127 | 269,170 | 242,957 | 292,831 | 160,413 | 132,418 | 274,895 | 137,096 | 137,799 |

## TABLE 10.—TOTAL DEATHS BY AGE AND SEX—*contd.*

| | 20—30 years. | | | 30—40 years. | | | 40—50 years. | | | 50—60 years. | | | 60 years and over. | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Persons. | Male. | Female. | Persons. | Male. | Female. | Persons. | Male. | Female. | Persons. | Male. | Female. | Persons. | Male. | Female. |
| N. W. F. P.— | | | | | | | | | | | | | | | |
| 1940 . . | 4,799 | 2,342 | 2,457 | 4,350 | 2,194 | 2,156 | 3,895 | 2,125 | 1,770 | 3,671 | 2,114 | 1,557 | 5,959 | 3,629 | 2,330 |
| 1941 . . | 5,618 | 2,812 | 2,806 | 5,312 | 2,680 | 2,632 | 4,805 | 2,589 | 2,216 | 4,623 | 2,705 | 1,918 | 7,516 | 4,393 | 3,123 |
| 1942 . . | 4,444 | 2,221 | 2,223 | 4,578 | 2,295 | 2,283 | 4,114 | 2,287 | 1,827 | 4,031 | 2,348 | 1,683 | 7,132 | 4,101 | 3,031 |
| 1943 . . | 4,581 | 2,313 | 2,268 | 4,691 | 2,474 | 2,217 | 4,255 | 2,396 | 1,859 | 4,221 | 2,451 | 1,770 | 7,345 | 4,191 | 3,154 |
| 1944 . . | 4,127 | 2,007 | 2,120 | 4,270 | 2,200 | 2,070 | 3,757 | 2,076 | 1,681 | 3,674 | 2,101 | 1,573 | 6,958 | 4,037 | 2,921 |
| Punjab— | | | | | | | | | | | | | | | |
| 1940 . . | 33,065 | 13,241 | 19,824 | 31,109 | 15,143 | 15,966 | 31,409 | 17,254 | 14,155 | 37,361 | 20,739 | 16,622 | 97,959 | 54,226 | 43,733 |
| 1941 . . | 37,970 | 17,514 | 20,456 | 33,334 | 16,310 | 17,015 | 32,570 | 17,613 | 14,957 | 37,936 | 20,936 | 17,000 | 106,776 | 58,710 | 48,066 |
| 1942 . . | 45,425 | 21,343 | 24,082 | 42,311 | 20,791 | 21,520 | 43,222 | 22,965 | 20,257 | 51,399 | 27,766 | 23,633 | 124,581 | 67,208 | 57,373 |
| 1943 . . | 45,106 | 21,982 | 23,124 | 44,760 | 22,843 | 21,917 | 46,711 | 25,551 | 21,160 | 53,166 | 29,978 | 23,188 | 116,527 | 65,295 | 51,232 |
| 1944 . . | 45,627 | 22,298 | 23,329 | 45,155 | 22,877 | 22,278 | 48,039 | 25,943 | 22,096 | 52,763 | 29,193 | 23,570 | 108,052 | 60,353 | 47,699 |
| Delhi— | | | | | | | | | | | | | | | |
| 1940 . . | 1,436 | 557 | 879 | 915 | 425 | 490 | 928 | 513 | 415 | 881 | 559 | 322 | 2,088 | 1,198 | 890 |
| 1941 . . | 1,510 | 574 | 936 | 972 | 435 | 537 | 956 | 493 | 463 | 838 | 495 | 343 | 2,245 | 1,205 | 1,040 |
| 1942 . . | 1,490 | 592 | 898 | 1,117 | 480 | 637 | 1,008 | 547 | 461 | 969 | 572 | 397 | 2,789 | 1,538 | 1,251 |
| 1943 . . | 1,506 | 661 | 945 | 1,247 | 581 | 666 | 1,156 | 657 | 499 | 1,179 | 725 | 454 | 3,155 | 1,722 | 1,433 |
| 1944 . . | 1,851 | 774 | 1,077 | 1,291 | 609 | 682 | 1,218 | 704 | 514 | 1,134 | 689 | 445 | 3,117 | 1,686 | 1,431 |
| U. P.— | | | | | | | | | | | | | | | |
| 1940 . . | 79,577 | 37,414 | 42,163 | 77,134 | 39,382 | 37,752 | 76,598 | 44,312 | 32,286 | 82,074 | 47,974 | 34,100 | 168,135 | 91,797 | 76,338 |
| 1941 . . | 80,300 | 37,179 | 43,121 | 76,420 | 38,397 | 38,023 | 73,394 | 42,319 | 31,075 | 75,976 | 44,541 | 31,435 | 159,278 | 86,874 | 72,404 |
| 1942 . . | 70,379 | 32,310 | 38,069 | 69,313 | 35,214 | 34,099 | 71,172 | 41,372 | 29,800 | 79,951 | 46,886 | 33,065 | 178,568 | 95,831 | 82,737 |
| 1943 . . | 76,758 | 36,890 | 39,868 | 78,514 | 40,033 | 38,481 | 82,115 | 47,495 | 34,620 | 93,110 | 54,036 | 39,074 | 212,697 | 115,743 | 96,954 |
| 1944 . . | 78,946 | 39,562 | 39,384 | 80,310 | 41,986 | 38,324 | 82,369 | 48,036 | 34,333 | 88,354 | 52,310 | 36,044 | 195,541 | 108,648 | 86,893 |

## TABLE 10.—TOTAL DEATHS BY AGE AND SEX—*contd.*

| | 20—30 years. | | | 30—40 years. | | | 40—50 years. | | | 50—60 years. | | | 60 years and over. | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Persons. | Male. | Female. | Persons. | Male. | Female. | Persons. | Male. | Female. | Persons. | Male. | Female. | Persons. | Male. | Female. |
| **Bihar—** | | | | | | | | | | | | | | | |
| 1940 . . | 65,309 | 32,404 | 32,905 | 64,171 | 34,909 | 29,262 | 58,211 | 33,478 | 24,733 | 64,325 | 34,120 | 30,205 | 108,217 | 53,967 | 54,250 |
| 1941 . . | 65,778 | 32,673 | 33,105 | 63,549 | 34,385 | 29,164 | 56,246 | 32,205 | 24,041 | 61,344 | 32,667 | 28,677 | 102,170 | 50,801 | 51,369 |
| 1942 . . | 53,032 | 26,675 | 26,357 | 51,972 | 28,234 | 23,738 | 48,333 | 28,057 | 20,276 | 51,718 | 28,256 | 23,462 | 89,188 | 43,860 | 45,328 |
| 1943 . . | 57,846 | 29,650 | 28,196 | 60,016 | 32,897 | 27,119 | 54,718 | 31,567 | 23,151 | 59,586 | 32,102 | 27,484 | 100,355 | 50,678 | 49,677 |
| 1944 . . | 79,937 | 41,624 | 38,313 | 82,680 | 44,834 | 37,846 | 74,734 | 42,194 | 32,540 | 77,629 | 41,469 | 36,160 | 139,062 | 70,551 | 68,511 |
| **Orissa—** | | | | | | | | | | | | | | | |
| 1940 . . | 15,535 | 6,607 | 8,928 | 14,922 | 7,519 | 7,403 | 13,231 | 7,257 | 5,974 | 16,445 | 8,326 | 8,119 | 26,337 | 12,351 | 13,986 |
| 1941 . . | 18,399 | 7,658 | 10,741 | 17,670 | 8,911 | 8,759 | 15,927 | 8,664 | 7,263 | 19,554 | 9,807 | 9,747 | 33,203 | 15,317 | 17,886 |
| 1942 . . | 17,263 | 7,335 | 9,928 | 16,632 | 8,512 | 8,120 | 14,894 | 8,280 | 6,614 | 18,469 | 9,476 | 8,993 | 32,135 | 14,906 | 17,229 |
| 1943 . . | 23,335 | 10,259 | 13,076 | 22,478 | 11,255 | 11,223 | 19,927 | 10,937 | 8,990 | 22,559 | 11,627 | 10,932 | 37,674 | 17,703 | 19,971 |
| 1944 . . | 23,628 | 10,533 | 13,095 | 23,074 | 11,426 | 11,648 | 20,111 | 10,639 | 9,472 | 22,663 | 11,401 | 11,262 | 35,903 | 16,825 | 19,078 |
| **Bengal—** | | | | | | | | | | | | | | | |
| 1940 . . | 107,992 | 43,818 | 64,174 | 93,252 | 49,373 | 43,879 | 84,074 | 49,808 | 34,266 | 79,729 | 46,005 | 33,724 | 138,906 | 74,754 | 64,152 |
| 1941 . . | 125,475 | 52,042 | 73,433 | 109,410 | 58,075 | 51,335 | 98,460 | 58,186 | 40,274 | 91,023 | 52,032 | 38,991 | 155,585 | 83,500 | 72,085 |
| 1942 . . | 129,970 | 53,899 | 76,071 | 114,265 | 60,038 | 54,227 | 105,202 | 61,851 | 43,351 | 97,045 | 55,684 | 41,361 | 165,288 | 88,133 | 77,155 |
| 1943 . . | 214,817 | 95,866 | 118,951 | 211,596 | 114,627 | 96,969 | 195,333 | 118,231 | 77,102 | 171,709 | 101,573 | 70,136 | 252,695 | 139,279 | 113,416 |
| 1944 . . | 192,721 | 85,639 | 107,082 | 183,446 | 97,126 | 86,320 | 166,917 | 96,019 | 70,898 | 151,800 | 85,050 | 66,750 | 242,444 | 128,827 | 113,617 |
| **C.P.—** | | | | | | | | | | | | | | | |
| 1940 . . | 36,322 | 16,774 | 19,548 | 34,198 | 18,414 | 15,784 | 32,519 | 18,906 | 13,613 | 35,308 | 19,561 | 15,747 | 78,477 | 38,895 | 39,582 |
| 1941 . . | 38,487 | 16,945 | 21,542 | 35,111 | 18,195 | 16,916 | 31,319 | 17,953 | 13,366 | 32,874 | 18,090 | 14,784 | 81,589 | 39,877 | 41,712 |
| 1942 . . | 39,625 | 17,592 | 22,033 | 37,580 | 19,428 | 18,152 | 34,273 | 19,570 | 14,703 | 37,130 | 20,208 | 16,922 | 90,701 | 43,706 | 46,995 |
| 1943 . . | 29,894 | 13,905 | 15,989 | 31,306 | 16,744 | 14,562 | 29,258 | 17,365 | 11,893 | 32,082 | 18,116 | 13,966 | 84,304 | 42,178 | 42,126 |
| 1944 . . | 31,542 | 14,232 | 17,310 | 33,194 | 17,385 | 15,809 | 29,528 | 16,895 | 12,633 | 31,336 | 17,126 | 14,210 | 81,899 | 40,192 | 41,707 |

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Bombay—** | | | | | | | | | | | | | | | | |
| 1940 | 33,832 | 14,047 | 19,785 | 32,102 | 16,214 | 15,888 | 31,411 | 18,736 | 12,675 | 33,705 | 20,005 | 13,700 | 88,617 | 44,860 | 43,757 |
| 1941 | 39,022 | 16,878 | 22,144 | 36,714 | 18,239 | 18,475 | 35,286 | 20,119 | 15,167 | 37,641 | 21,656 | 15,985 | 102,292 | 50,836 | 51,456 |
| 1942 | 34,810 | 15,231 | 19,579 | 33,026 | 16,560 | 16,466 | 32,816 | 19,161 | 13,655 | 36,586 | 21,659 | 14,927 | 97,111 | 48,763 | 48,348 |
| 1943 | 34,088 | 15,381 | 18,707 | 33,642 | 17,165 | 16,477 | 32,220 | 19,043 | 13,177 | 36,583 | 21,808 | 14,775 | 97,675 | 50,134 | 47,541 |
| 1944 | 36,546 | 16,631 | 19,915 | 35,845 | 18,416 | 17,429 | 34,292 | 20,175 | 14,117 | 39,532 | 23,527 | 16,005 | 103,537 | 51,825 | 51,712 |
| **Sind—** | | | | | | | | | | | | | | | | |
| 1940 | 5,366 | 2,597 | 2,769 | 5,314 | 2,853 | 2,461 | 4,392 | 2,706 | 1,686 | 3,940 | 2,644 | 1,296 | 7,866 | 4,653 | 3,213 |
| 1941 | 6,069 | 3,066 | 3,003 | 5,706 | 3,108 | 2,598 | 5,167 | 3,073 | 2,094 | 5,068 | 3,406 | 1,662 | 9,716 | 5,942 | 3,774 |
| 1942 | 5,372 | 2,709 | 2,663 | 4,801 | 2,510 | 2,291 | 4,256 | 2,595 | 1,661 | 4,505 | 3,033 | 1,472 | 8,447 | 5,064 | 3,383 |
| 1943 | 5,288 | 2,627 | 2,661 | 5,300 | 2,821 | 2,479 | 4,901 | 3,073 | 1,828 | 4,786 | 3,215 | 1,571 | 9,624 | 5,733 | 3,891 |
| 1944 | 5,191 | 2,477 | 2,714 | 5,208 | 2,804 | 2,404 | 4,850 | 3,068 | 1,782 | 4,159 | 2,850 | 1,309 | 9,700 | 5,681 | 4,019 |
| **Madras—** | | | | | | | | | | | | | | | | |
| 1940 | 71,710 | 29,543 | 42,167 | 70,524 | 34,069 | 36,455 | 72,589 | 40,971 | 31,618 | 77,163 | 43,615 | 33,548 | 235,407 | 115,312 | 120,095 |
| 1941 | 73,299 | 29,780 | 43,519 | 70,675 | 33,770 | 36,905 | 74,385 | 42,232 | 32,153 | 79,384 | 45,174 | 34,210 | 242,031 | 117,382 | 124,649 |
| 1942 | 78,816 | 33,036 | 45,780 | 77,198 | 37,701 | 39,497 | 78,935 | 44,950 | 33,985 | 80,879 | 46,015 | 34,864 | 238,145 | 116,285 | 121,860 |
| 1943 | 92,972 | 38,461 | 54,511 | 93,971 | 44,050 | 49,921 | 92,317 | 51,869 | 40,448 | 94,011 | 53,398 | 40,613 | 278,678 | 135,624 | 143,054 |
| 1944 | 83,852 | 34,920 | 48,932 | 84,457 | 40,505 | 43,952 | 86,529 | 48,736 | 37,793 | 93,155 | 52,539 | 40,616 | 288,009 | 139,528 | 148,481 |
| **Coorg—** | | | | | | | | | | | | | | | | |
| 1940 | 468 | 255 | 213 | 495 | 272 | 223 | 423 | 277 | 146 | 320 | 183 | 137 | 344 | 180 | 164 |
| 1941 | 538 | 267 | 271 | 511 | 297 | 214 | 481 | 319 | 162 | 383 | 214 | 169 | 396 | 226 | 170 |
| 1942 | 526 | 259 | 267 | 581 | 337 | 244 | 501 | 310 | 191 | 341 | 210 | 131 | 441 | 241 | 200 |
| 1943 | 491 | 253 | 238 | 487 | 294 | 193 | 466 | 303 | 163 | 370 | 227 | 143 | 405 | 244 | 161 |
| 1944 | 448 | 238 | 210 | 451 | 274 | 177 | 468 | 292 | 176 | 386 | 237 | 149 | 466 | 243 | 223 |

## TABLE 10.—TOTAL DEATHS BY AGE AND SEX—*concld.*

| | 20—30 years. | | | 30—40 years. | | | 40—50 years. | | | 50—60 years. | | | 60 years and over. | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Persons. | Male. | Female. | Persons. | Male. | Female. | Persons. | Male. | Female. | Persons. | Male. | Female. | Persons. | Male. | Female. |
| **Assam—** | | | | | | | | | | | | | | | |
| 1940 | 15,690 | 6,305 | 9,385 | 13,672 | 6,985 | 6,687 | 11,626 | 6,843 | 4,783 | 11,141 | 6,418 | 4,723 | 17,332 | 9,881 | 7,451 |
| 1941 | 17,419 | 6,880 | 10,539 | 15,357 | 7,786 | 7,571 | 12,384 | 7,255 | 5,129 | 11,534 | 6,744 | 4,790 | 19,843 | 10,816 | 9,027 |
| 1942 | 17,280 | 7,328 | 9,952 | 15,214 | 7,933 | 7,281 | 12,150 | 7,094 | 5,056 | 10,807 | 6,522 | 4,285 | 18,894 | 10,455 | 8,439 |
| 1943 | 18,453 | 8,126 | 10,327 | 17,189 | 9,030 | 8,159 | 13,945 | 8,182 | 5,763 | 12,206 | 7,135 | 5,071 | 20,683 | 11,804 | 8,879 |
| 1944 | 17,261 | 7,853 | 9,408 | 16,396 | 8,196 | 8,200 | 13,581 | 7,573 | 6,008 | 13,244 | 7,381 | 5,863 | 21,253 | 12,836 | 8,417 |
| **Ajmer Merwara—** | | | | | | | | | | | | | | | |
| 1940 | 1,403 | 568 | 835 | 1,050 | 538 | 512 | 1,095 | 621 | 474 | 1,488 | 872 | 616 | 3,098 | 1,599 | 1,499 |
| 1941 | 1,107 | 472 | 635 | 986 | 490 | 496 | 868 | 518 | 350 | 1,165 | 667 | 498 | 2,233 | 1,157 | 1,076 |
| 1942 | 1,168 | 474 | 694 | 1,039 | 491 | 548 | 1,026 | 599 | 427 | 1,375 | 809 | 566 | 2,434 | 1,221 | 1,213 |
| 1943 | 1,355 | 599 | 756 | 1,156 | 563 | 593 | 1,083 | 635 | 448 | 1,444 | 871 | 573 | 2,618 | 1,379 | 1,239 |
| 1944 | 1,303 | 566 | 737 | 1,267 | 638 | 629 | 1,123 | 679 | 444 | 1,344 | 777 | 567 | 2,723 | 1,459 | 1,264 |
| **British India—** | | | | | | | | | | | | | | | |
| 1940 | 475,504 | 209,472 | 266,032 | 443,208 | 228,290 | 214,918 | 422,401 | 243,807 | 178,594 | 447,551 | 253,135 | 194,416 | 978,742 | 507,302 | 471,440 |
| 1941 | 510,991 | 224,740 | 286,251 | 471,727 | 241,087 | 230,640 | 442,248 | 253,538 | 188,710 | 459,343 | 259,134 | 200,209 | 1,024,873 | 527,036 | 497,837 |
| 1942 | 499,600 | 221,004 | 278,596 | 469,627 | 240,524 | 229,103 | 451,902 | 259,638 | 192,264 | 475,205 | 269,444 | 205,761 | 1,055,854 | 541,312 | 514,542 |
| 1943 | 606,590 | 276,973 | 329,617 | 606,353 | 315,377 | 290,976 | 578,405 | 337,304 | 241,101 | 587,012 | 337,262 | 249,750 | 1,224,435 | 641,707 | 582,728 |
| 1944 | 602,980 | 279,354 | 323,626 | 597,044 | 309,276 | 287,768 | 567,516 | 323,029 | 244,487 | 581,173 | 326,650 | 254,523 | 1,238,664 | 642,691 | 595,973 |

## Table 11—Deaths by Age and Sex in Rural Areas.

| | Under 1 year. | | | 1—5 years. | | | 5—10 years. | | | 10—15 years. | | | 15—20 years. | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Persons. | Male. | Female. | Persons. | Male. | Female. | Persons. | Male. | Female. | Persons. | Male. | Female. | Persons. | Male. | Female. |
| **N. W. F. P.—** | | | | | | | | | | | | | | | |
| 1940 .. | 8,931 | 5,100 | 3,831 | 9,382 | 4,973 | 4,409 | 2,987 | 1,549 | 1,438 | 1,984 | 1,025 | 959 | 1,910 | 983 | 927 |
| 1941 .. | 9,213 | 5,256 | 3,957 | 10,987 | 6,026 | 4,961 | 3,771 | 1,971 | 1,800 | 2,767 | 1,437 | 1,330 | 2,807 | 1,487 | 1,320 |
| 1942 .. | 6,770 | 3,976 | 2,794 | 7,506 | 4,084 | 3,422 | 3,186 | 1,742 | 1,444 | 2,216 | 1,225 | 991 | 2,176 | 1,153 | 1,023 |
| 1943 .. | 6,077 | 3,523 | 2,554 | 6,142 | 3,342 | 2,800 | 3,159 | 1,751 | 1,408 | 2,344 | 1,314 | 1,030 | 2,421 | 1,349 | 1,072 |
| 1944 .. | 5,968 | 3,502 | 2,466 | 5,620 | 3,120 | 2,500 | 3,072 | 1,705 | 1,367 | 2,252 | 1,227 | 1,025 | 2,112 | 1,139 | 973 |
| **Punjab—** .. | | | | | | | | | | | | | | | |
| 1940 .. | 177,539 | 97,082 | 80,457 | 128,388 | 67,049 | 61,339 | 31,430 | 16,305 | 15,125 | 19,774 | 9,964 | 9,810 | 18,355 | 8,944 | 9,411 |
| 1941 .. | 184,306 | 100,691 | 83,615 | 141,219 | 74,454 | 66,765 | 35,412 | 18,543 | 16,869 | 22,670 | 11,563 | 11,107 | 20,488 | 10,124 | 10,364 |
| 1942 .. | 201,346 | 108,839 | 92,507 | 152,382 | 79,355 | 73,027 | 47,077 | 24,206 | 22,871 | 31,349 | 15,920 | 15,429 | 28,620 | 14,285 | 14,335 |
| 1943 .. | 158,014 | 86,907 | 71,107 | 117,689 | 63,687 | 54,002 | 42,194 | 22,774 | 19,420 | 30,646 | 16,044 | 14,602 | 28,894 | 14,885 | 14,009 |
| 1944 .. | 165,035 | 91,139 | 73,896 | 126,404 | 69,528 | 58,876 | 45,419 | 24,718 | 20,701 | 32,357 | 17,192 | 15,165 | 30,078 | 15,869 | 14,209 |
| **Delhi—** | | | | | | | | | | | | | | | |
| 1940 .. | 1,848 | 1,018 | 830 | 1,593 | 840 | 753 | 227 | 124 | 103 | 119 | 64 | 55 | 147 | 59 | 88 |
| 1941 .. | 1,792 | 991 | 801 | 1,766 | 945 | 821 | 251 | 140 | 111 | 139 | 69 | 70 | 130 | 62 | 68 |
| 1942 .. | 2,345 | 1,260 | 1,085 | 2,521 | 1,286 | 1,235 | 557 | 278 | 279 | 201 | 101 | 100 | 135 | 72 | 63 |
| 1943 .. | 1,515 | 845 | 670 | 1,554 | 840 | 714 | 466 | 254 | 212 | 189 | 117 | 72 | 141 | 77 | 64 |
| 1944 .. | 1,516 | 840 | 676 | 1,683 | 906 | 777 | 577 | 313 | 264 | 229 | 141 | 88 | 152 | 82 | 70 |
| **U. P.—** | | | | | | | | | | | | | | | |
| 1940 .. | 181,481 | 101,948 | 79,533 | 186,984 | 101,694 | 85,290 | 45,961 | 25,332 | 20,629 | 30,742 | 17,021 | 13,721 | 25,679 | 13,763 | 11,916 |
| 1941 .. | 181,784 | 102,017 | 79,767 | 203,845 | 111,652 | 92,193 | 46,498 | 25,720 | 20,778 | 31,584 | 17,515 | 14,069 | 27,238 | 14,305 | 12,933 |
| 1942 .. | 177,069 | 98,845 | 78,224 | 186,410 | 100,884 | 85,526 | 42,169 | 22,914 | 19,275 | 29,183 | 16,176 | 13,007 | 24,295 | 12,996 | 11,299 |
| 1943 .. | 141,973 | 79,289 | 62,684 | 183,882 | 99,998 | 83,884 | 51,315 | 28,284 | 23,031 | 34,890 | 19,565 | 15,325 | 28,631 | 15,780 | 12,851 |
| 1944 .. | 135,214 | 76,386 | 58,828 | 184,050 | 101,684 | 82,366 | 52,971 | 29,616 | 23,355 | 36,375 | 20,685 | 15,690 | 29,527 | 16,709 | 12,818 |
| **Bihar—** | | | | | | | | | | | | | | | |
| 1940 .. | 115,457 | 63,738 | 51,719 | 141,865 | 72,898 | 68,967 | 45,411 | 24,794 | 20,617 | 24,403 | 14,131 | 10,272 | 23,621 | 12,413 | 11,208 |
| 1941 .. | 112,110 | 61,682 | 50,428 | 142,710 | 73,171 | 69,539 | 49,256 | 27,039 | 22,217 | 26,504 | 15,152 | 11,352 | 25,431 | 13,286 | 12,145 |
| 1942 .. | 92,529 | 51,194 | 41,335 | 94,447 | 50,752 | 43,695 | 37,797 | 21,032 | 16,765 | 22,050 | 12,817 | 9,233 | 21,561 | 11,817 | 9,744 |
| 1943 .. | 73,345 | 40,415 | 32,930 | 91,226 | 47,828 | 43,398 | 42,522 | 23,472 | 19,050 | 25,479 | 14,732 | 10,747 | 23,765 | 13,187 | 10,578 |
| 1944 .. | 84,373 | 46,486 | 37,887 | 144,412 | 75,089 | 69,223 | 71,262 | 39,258 | 32,004 | 41,144 | 23,713 | 17,431 | 32,984 | 18,466 | 14,518 |

## TABLE 11.—DEATHS BY AGE AND SEX IN RURAL AREAS—*contd.*

| | Under 1 year. | | | 1—5 years. | | | 5—10 years. | | | 10—15 years. | | | 15—20 years. | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Persons. | Male. | Female. | Persons. | Male. | Female. | Persons. | Male. | Female. | Persons. | Male. | Female. | Persons | Male. | Female. |
| **Orissa—** | | | | | | | | | | | | | | | |
| 1940 .. | 45,274 | 24,202 | 21,072 | 23,107 | 11,503 | 11,604 | 8,273 | 4,177 | 4,096 | 4,067 | 2,179 | 1,888 | 5,443 | 2,387 | 3,056 |
| 1941 .. | 51,475 | 27,744 | 23,731 | 31,960 | 15,988 | 15,972 | 10,312 | 5,257 | 5,055 | 5,259 | 2,735 | 2,524 | 6,713 | 2,911 | 3,802 |
| 1942 .. | 44,865 | 23,797 | 21,068 | 27,286 | 13,413 | 13,873 | 9,394 | 4,791 | 4,603 | 5,237 | 2,804 | 2,433 | 6,460 | 2,877 | 3,583 |
| 1943 .. | 46,698 | 24,814 | 21,884 | 28,727 | 14,949 | 13,778 | 12,187 | 6,560 | 5,627 | 7,331 | 3,847 | 3,484 | 9,861 | 4,637 | 5,224 |
| 1944 .. | 39,749 | 21,189 | 18,560 | 31,861 | 16,381 | 15,480 | 15,079 | 7,953 | 7,126 | 9,498 | 5,086 | 4,412 | 11,275 | 5,309 | 5,966 |
| **Bengal—** | | | | | | | | | | | | | | | |
| 1940 .. | 253,061 | 137,961 | 115,100 | 167,808 | 82,528 | 85,280 | 74,515 | 38,294 | 36,221 | 34,570 | 19,228 | 15,342 | 43,176 | 16,934 | 26,242 |
| 1941 .. | 234,067 | 127,348 | 106,719 | 169,538 | 84,159 | 85,379 | 79,161 | 41,072 | 38,089 | 39,369 | 22,106 | 17,263 | 48,490 | 20,040 | 28,450 |
| 1942 .. | 213,436 | 115,296 | 98,140 | 178,839 | 88,801 | 90,038 | 94,342 | 48,807 | 45,535 | 45,795 | 25,844 | 19,951 | 52,032 | 22,015 | 30,017 |
| 1943 .. | 208,371 | 110,431 | 97,940 | 260,519 | 130,566 | 129,953 | 163,795 | 85,259 | 78,536 | 86,660 | 49,991 | 36,669 | 85,447 | 40,861 | 44,586 |
| 1944 .. | 180,530 | 95,922 | 84,608 | 255,757 | 128,539 | 127,218 | 152,210 | 78,937 | 73,273 | 73,929 | 42,934 | 30,995 | 72,164 | 34,601 | 37,563 |
| **C. P.—** | | | | | | | | | | | | | | | |
| 1940 .. | 123,502 | 67,223 | 56,279 | 84,122 | 44,944 | 39,178 | 21,813 | 11,855 | 9,958 | 11,275 | 6,132 | 5,143 | 12,156 | 6,084 | 6,072 |
| 1941 .. | 136,147 | 73,864 | 62,283 | 97,993 | 51,763 | 46,230 | 23,908 | 12,903 | 11,005 | 12,944 | 7,042 | 5,902 | 13,568 | 6,571 | 6,997 |
| 1942 .. | 136,507 | 74,132 | 62,375 | 98,081 | 52,674 | 45,407 | 26,666 | 14,294 | 12,372 | 14,387 | 7,689 | 6,698 | 14,357 | 6,938 | 7,419 |
| 1943 .. | 115,031 | 62,757 | 52,274 | 76,494 | 41,164 | 35,330 | 20,173 | 10,828 | 9,345 | 11,340 | 6,231 | 5,109 | 11,069 | 5,766 | 5,303 |
| 1944 .. | 128,703 | 69,654 | 59,049 | 96,186 | 51,392 | 44,794 | 24,245 | 13,047 | 11,198 | 13,914 | 7,474 | 6,440 | 12,774 | 6,536 | 6,238 |
| **Bombay—** | | | | | | | | | | | | | | | |
| 1940 .. | 94,270 | 50,727 | 43,543 | 82,118 | 40,687 | 41,431 | 19,564 | 9,529 | 10,035 | 9,586 | 4,660 | 4,926 | 8,375 | 3,734 | 4,641 |
| 1941 .. | 89,557 | 48,428 | 41,129 | 80,306 | 40,318 | 39,988 | 23,669 | 11,931 | 11,738 | 14,227 | 7,422 | 6,805 | 12,736 | 5,927 | 6,809 |
| 1942 .. | 87,210 | 47,740 | 39,470 | 89,779 | 45,315 | 44,464 | 20,444 | 9,998 | 10,446 | 11,288 | 5,675 | 5,613 | 9,876 | 4,589 | 5,287 |
| 1943 .. | 80,117 | 43,617 | 36,500 | 77,662 | 39,240 | 38,422 | 20,713 | 10,181 | 10,532 | 10,689 | 5,411 | 5,278 | 9,081 | 4,301 | 4,780 |
| 1944 .. | 87,223 | 47,017 | 40,206 | 96,310 | 48,542 | 47,768 | 23,053 | 11,238 | 11,815 | 11,238 | 5,470 | 5,768 | 9,999 | 4,753 | 5,246 |
| **Sind—** | | | | | | | | | | | | | | | |
| 1940 .. | 4,989 | 2,741 | 2,248 | 5,616 | 3,002 | 2,614 | 2,739 | 1,483 | 1,256 | 1,921 | 1,098 | 823 | 2,103 | 1,109 | 994 |
| 1941 .. | 4,124 | 2,236 | 1,888 | 7,116 | 3,875 | 3,241 | 2,747 | 1,488 | 1,259 | 2,452 | 1,412 | 1,040 | 2,752 | 1,555 | 1,197 |
| 1942 .. | 4,565 | 2,591 | 1,974 | 5,047 | 2,801 | 2,246 | 2,124 | 1,158 | 966 | 1,732 | 968 | 764 | 2,206 | 1,134 | 1,072 |
| 1943 .. | 4,130 | 2,347 | 1,783 | 4,658 | 2,654 | 2,004 | 2,305 | 1,260 | 1,045 | 1,538 | 885 | 653 | 1,517 | 834 | 683 |
| 1944 .. | 3,851 | 2,179 | 1,672 | 4,504 | 2,391 | 2,113 | 2,666 | 1,342 | 1,324 | 1,631 | 944 | 687 | 1,128 | 621 | 507 |

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Madras—** | | | | | | | | | | | | | | | | |
| 1940 | .. | 241,623 | 130,547 | 111,076 | 148,935 | 73,551 | 75,384 | 44,451 | 22,203 | 22,248 | 23,250 | 11,615 | 11,635 | 24,298 | 10,356 | 13,942 |
| 1941 | .. | 247,136 | 132,738 | 114,398 | 158,605 | 78,288 | 80,317 | 46,855 | 23,515 | 23,340 | 24,085 | 12,114 | 11,971 | 26,690 | 11,148 | 15,542 |
| 1942 | .. | 228,694 | 122,750 | 105,944 | 144,525 | 71,493 | 73,032 | 51,809 | 26,082 | 25,787 | 28,979 | 14,892 | 14,087 | 27,456 | 12,290 | 15,166 |
| 1943 | .. | 224,869 | 120,797 | 104,072 | 156,534 | 78,046 | 78,488 | 63,826 | 32,082 | 31,754 | 37,950 | 19,027 | 18,923 | 32,446 | 14,843 | 17,603 |
| 1944 | .. | 238,691 | 126,742 | 111,949 | 185,405 | 91,850 | 93,555 | 60,278 | 29,776 | 30,502 | 32,080 | 16,105 | 15,975 | 30,338 | 13,654 | 16,684 |
| **Coorg—** | | | | | | | | | | | | | | | | |
| 1940 | .. | 493 | 264 | 229 | 348 | 189 | 159 | 155 | 77 | 78 | 146 | 63 | 83 | 178 | 95 | 83 |
| 1941 | .. | 590 | 309 | 281 | 352 | 181 | 171 | 157 | 84 | 73 | 147 | 74 | 73 | 210 | 104 | 106 |
| 1942 | .. | 485 | 255 | 230 | 365 | 185 | 180 | 166 | 86 | 80 | 142 | 78 | 64 | 169 | 80 | 89 |
| 1943 | .. | 379 | 194 | 185 | 197 | 109 | 88 | 137 | 64 | 73 | 141 | 69 | 72 | 207 | 109 | 98 |
| 1944 | .. | 368 | 187 | 181 | 271 | 140 | 131 | 140 | 85 | 55 | 150 | 88 | 62 | 188 | 87 | 101 |
| **Assam—** | | | | | | | | | | | | | | | | |
| 1940 | .. | 33,863 | 18,397 | 15,466 | 21,299 | 11,091 | 10,208 | 9,427 | 5,042 | 4,385 | 5,894 | 3,194 | 2,700 | 7,277 | 3,123 | 4,154 |
| 1941 | .. | 33,650 | 18,591 | 15,059 | 21,961 | 11,350 | 10,611 | 10,391 | 5,553 | 4,838 | 6,288 | 3,396 | 2,892 | 8,120 | 3,525 | 4,595 |
| 1942 | .. | 27,715 | 14,964 | 12,751 | 19,390 | 10,224 | 9,166 | 10,215 | 5,605 | 4,650 | 6,912 | 3,770 | 3,142 | 8,050 | 3,694 | 4,356 |
| 1943 | .. | 23,874 | 12,840 | 11,034 | 21,411 | 10,986 | 10,425 | 12,733 | 6,526 | 6,197 | 8,252 | 4,611 | 3,641 | 9,147 | 4,443 | 4,704 |
| 1944 | .. | 26,333 | 14,121 | 12,212 | 25,346 | 12,856 | 12,490 | 13,566 | 7,243 | 6,323 | 8,846 | 4,832 | 4,014 | 9,349 | 4,681 | 4,668 |
| **Ajmer-Merwara—** | | | | | | | | | | | | | | | | |
| 1940 | .. | 2,632 | 1,380 | 1,252 | 6,188 | 3,297 | 2,891 | 1,037 | 559 | 478 | 460 | 251 | 209 | 389 | 212 | 177 |
| 1941 | .. | 1,196 | 656 | 540 | 1,723 | 933 | 790 | 469 | 262 | 207 | 252 | 143 | 109 | 250 | 118 | 132 |
| 1942 | .. | 2,060 | 1,103 | 957 | 1,450 | 774 | 676 | 362 | 211 | 151 | 285 | 169 | 116 | 263 | 115 | 148 |
| 1943 | .. | 1,355 | 743 | 612 | 1,323 | 708 | 615 | 343 | 173 | 170 | 258 | 131 | 127 | 306 | 129 | 177 |
| 1944 | .. | 1,464 | 774 | 690 | 1,694 | 940 | 754 | 506 | 274 | 232 | 356 | 202 | 154 | 350 | 179 | 171 |
| **British India—** | | | | | | | | | | | | | | | | |
| 1940 | .. | 1,284,963 | 702,328 | 582,635 | 1,007,753 | 518,246 | 489,507 | 307,990 | 161,323 | 146,667 | 168,191 | 90,625 | 77,566 | 173,107 | 80,196 | 92,911 |
| 1941 | .. | 1,287,147 | 702,551 | 584,596 | 1,070,081 | 553,103 | 516,978 | 332,857 | 175,478 | 157,379 | 188,687 | 102,180 | 86,507 | 195,623 | 94,163 | 104,460 |
| 1942 | .. | 1,225,596 | 666,742 | 558,854 | 1,008,028 | 522,041 | 485,987 | 346,388 | 181,104 | 165,224 | 199,756 | 108,128 | 91,628 | 197,656 | 94,055 | 103,601 |
| 1943 | .. | 1,085,748 | 589,519 | 496,229 | 1,028,018 | 534,117 | 493,901 | 435,878 | 229,478 | 206,400 | 257,707 | 141,975 | 115,732 | 242,933 | 121,201 | 121,732 |
| 1944 | .. | 1,099,018 | 596,138 | 502,880 | 1,161,503 | 603,358 | 558,145 | 465,044 | 245,505 | 219,539 | 263,999 | 146,093 | 117,906 | 242,418 | 122,686 | 119,732 |

## TABLE 11.—DEATHS BY AGE AND SEX IN RURAL AREAS—*contd.*

| | 20—30 years. | | | 30—40 years. | | | 40—50 years. | | | 50—60 years. | | | 60 years and over. | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Persons. | Male. | Female. | Persons. | Male. | Female. | Persons. | Male. | Female. | Persons. | Male. | Female. | Persons. | Male. | Female. |
| **N. W. F. P.—** | | | | | | | | | | | | | | | |
| 1940 .. | 4,235 | 2,050 | 2,185 | 3,914 | 1,977 | 1,937 | 3,517 | 1,898 | 1,619 | 3,259 | 1,843 | 1,416 | 5,027 | 3,089 | 1,938 |
| 1941 .. | 4,946 | 2,484 | 2,462 | 4,843 | 2,442 | 2,401 | 4,365 | 2,330 | 2,035 | 4,214 | 2,453 | 1,761 | 6,482 | 2,846 | 2,636 |
| 1942 .. | 3,851 | 1,937 | 1,914 | 4,123 | 2,062 | 2,061 | 3,692 | 2,026 | 1,666 | 3,613 | 2,095 | 1,518 | 6,066 | 3,503 | 2,563 |
| 1943 .. | 4,063 | 2,059 | 2,004 | 4,178 | 2,205 | 1,973 | 3,830 | 2,136 | 1,694 | 3,839 | 2,210 | 1,629 | 6,142 | 3,553 | 2,589 |
| 1944 .. | 3,647 | 1,798 | 1,849 | 3,867 | 2,002 | 1,865 | 3,325 | 1,810 | 1,515 | 3,259 | 1,851 | 1,408 | 5,896 | 3,165 | 2,431 |
| **Punjab—** | | | | | | | | | | | | | | | |
| 1940 .. | 30,706 | 14,070 | 16,636 | 27,502 | 13,410 | 14,092 | 28,033 | 15,295 | 12,738 | 33,543 | 18,461 | 15,082 | 86,473 | 47,841 | 38,632 |
| 1941 .. | 32,198 | 15,086 | 17,112 | 29,510 | 14,486 | 15,024 | 29,037 | 15,551 | 13,486 | 34,198 | 18,619 | 15,579 | 94,781 | 51,995 | 42,786 |
| 1942 .. | 39,160 | 18,730 | 20,430 | 37,850 | 18,644 | 19,206 | 38,952 | 20,476 | 18,476 | 46,460 | 24,876 | 21,584 | 110,277 | 59,415 | 50,862 |
| 1943 .. | 39,054 | 19,216 | 19,838 | 39,851 | 20,412 | 19,439 | 41,972 | 22,843 | 19,129 | 47,991 | 26,896 | 21,095 | 102,442 | 57,493 | 44,949 |
| 1944 .. | 39,351 | 19,561 | 19,790 | 40,029 | 20,459 | 19,570 | 42,970 | 23,105 | 19,865 | 47,486 | 26,091 | 21,395 | 94,436 | 52,828 | 41,608 |
| **Delhi—** | | | | | | | | | | | | | | | |
| 1940 .. | 388 | 168 | 220 | 250 | 121 | 129 | 254 | 148 | 106 | 258 | 157 | 101 | 744 | 434 | 310 |
| 1941 .. | 310 | 122 | 188 | 213 | 101 | 112 | 284 | 149 | 135 | 229 | 133 | 96 | 667 | 377 | 290 |
| 1942 .. | 381 | 166 | 215 | 343 | 136 | 207 | 319 | 154 | 165 | 329 | 170 | 159 | 1,076 | 621 | 455 |
| 1943 .. | 441 | 197 | 244 | 390 | 180 | 210 | 409 | 226 | 183 | 375 | 210 | 165 | 1,084 | 630 | 454 |
| 1944 .. | 442 | 223 | 219 | 378 | 160 | 218 | 385 | 206 | 179 | 395 | 230 | 165 | 873 | 488 | 385 |
| **U. P.—** | | | | | | | | | | | | | | | |
| 1940 .. | 66,523 | 32,788 | 33,735 | 67,647 | 35,083 | 32,564 | 68,390 | 39,603 | 28,787 | 73,279 | 42,720 | 30,559 | 143,324 | 78,481 | 64,843 |
| 1941 .. | 66,845 | 32,536 | 34,309 | 67,082 | 34,199 | 32,883 | 64,933 | 37,520 | 27,413 | 67,421 | 39,386 | 28,035 | 134,000 | 73,354 | 60,646 |
| 1942 .. | 57,198 | 27,700 | 29,498 | 59,840 | 30,898 | 28,942 | 62,384 | 36,325 | 26,059 | 70,740 | 41,323 | 29,417 | 148,990 | 80,303 | 68,687 |
| 1943 .. | 63,491 | 31,917 | 31,574 | 68,222 | 35,268 | 32,954 | 72,599 | 41,987 | 30,612 | 82,542 | 47,611 | 34,931 | 179,744 | 97,984 | 81,760 |
| 1944 .. | 65,023 | 34,164 | 30,859 | 69,386 | 36,906 | 32,480 | 72,205 | 42,228 | 29,977 | 77,911 | 46,060 | 31,851 | 165,291 | 92,357 | 72,934 |

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Bihar—** | | | | | | | | | | | | | | | | |
| 1940 | .. | 63,502 | 31,532 | 32,060 | 62,530 | 34,007 | 28,523 | 56,887 | 32,631 | 24,256 | 62,998 | 33,324 | 29,674 | 105,682 | 52,594 | 53,088 |
| 1941 | .. | 64,148 | 31,911 | 32,237 | 62,096 | 33,572 | 28,524 | 55,046 | 31,446 | 22,600 | 80,256 | 32,029 | 28,227 | 99,975 | 49,652 | 50,323 |
| 1942 | .. | 51,576 | 25,952 | 25,624 | 50,726 | 27,555 | 23,171 | 47,267 | 27,391 | 19,876 | 50,785 | 27,674 | 23,111 | 87,052 | 42,759 | 44,293 |
| 1943 | .. | 56,478 | 28,972 | 27,506 | 58,777 | 32,145 | 26,632 | 53,640 | 30,860 | 22,780 | 58,572 | 31,461 | 27,111 | 98,092 | 49,470 | 48,622 |
| 1944 | .. | 78,108 | 40,670 | 37,438 | 80,898 | 43,806 | 37,092 | 73,278 | 41,248 | 32,030 | 76,274 | 40,612 | 35,662 | 136,405 | 69,052 | 67,353 |
| **Orissa—** | | | | | | | | | | | | | | | | |
| 1940 | .. | 15,047 | 6,373 | 8,674 | 14,420 | 7,220 | 7,200 | 12,721 | 6,949 | 5,772 | 15,919 | 8,008 | 7,911 | 25,264 | 11,815 | 13,449 |
| 1941 | .. | 17,783 | 7,361 | 10,422 | 17,076 | 8,574 | 8,502 | 15,341 | 8,301 | 7,040 | 18,965 | 9,456 | 9,509 | 31,818 | 14,625 | 17,193 |
| 1942 | .. | 16,710 | 7,038 | 9,672 | 16,121 | 8,191 | 7,930 | 14,363 | 7,929 | 6,434 | 17,969 | 9,142 | 8,827 | 30,941 | 14,277 | 16,664 |
| 1943 | .. | 22,507 | 9,810 | 12,697 | 21,621 | 10,759 | 10,862 | 19,030 | 10,375 | 8,655 | 21,753 | 11,136 | 10,617 | 35,929 | 16,846 | 19,083 |
| 1944 | .. | 22,947 | 10,163 | 12,784 | 22,317 | 10,989 | 11,328 | 19,302 | 10,150 | 9,152 | 21,888 | 10,916 | 10,972 | 34,304 | 15,980 | 18,324 |
| **Bengal—** | | | | | | | | | | | | | | | | |
| 1940 | .. | 97,886 | 38,479 | 59,407 | 85,891 | 45,072 | 40,819 | 77,923 | 45,982 | 31,941 | 74,261 | 42,661 | 31,600 | 129,984 | 69,900 | 60,084 |
| 1941 | .. | 112,632 | 45,247 | 67,385 | 100,162 | 52,893 | 47,269 | 91,605 | 54,102 | 37,503 | 85,160 | 48,610 | 36,550 | 146,053 | 78,559 | 67,494 |
| 1942 | .. | 120,394 | 48,390 | 72,004 | 106,919 | 55,616 | 51,303 | 98,579 | 57,658 | 40,921 | 90,959 | 51,959 | 39,000 | 155,522 | 82,997 | 72,525 |
| 1943 | .. | 199,946 | 87,716 | 112,230 | 198,632 | 106,956 | 91,676 | 183,137 | 110,636 | 72,501 | 161,062 | 95,166 | 65,896 | 232,746 | 128,776 | 103,970 |
| 1944 | .. | 178,208 | 77,420 | 100,788 | 170,808 | 89,243 | 81,565 | 155,979 | 88,762 | 67,217 | 141,648 | 78,732 | 62,916 | 223,303 | 119,136 | 104,167 |
| **C. P.—** | | | | | | | | | | | | | | | | |
| 1940 | .. | 31,543 | 14,900 | 16,643 | 30,455 | 16,459 | 13,996 | 29,353 | 16,942 | 12,411 | 31,939 | 17,518 | 14,421 | 69,341 | 34,328 | 35,013 |
| 1941 | .. | 33,384 | 14,937 | 18,447 | 31,145 | 16,199 | 14,946 | 28,054 | 15,972 | 12,082 | 29,490 | 16,141 | 13,349 | 71,948 | 35,050 | 36,898 |
| 1942 | .. | 34,403 | 15,496 | 18,907 | 33,468 | 17,325 | 16,143 | 30,729 | 17,476 | 13,253 | 33,567 | 18,171 | 15,396 | 80,552 | 38,672 | 41,880 |
| 1943 | .. | 25,576 | 12,093 | 13,483 | 27,565 | 14,758 | 12,807 | 26,113 | 15,449 | 10,664 | 28,527 | 15,983 | 12,544 | 74,442 | 37,173 | 37,269 |
| 1944 | .. | 26,951 | 12,376 | 14,575 | 29,439 | 15,436 | 14,003 | 26,500 | 15,078 | 11,422 | 28,075 | 15,183 | 12,892 | 72,827 | 35,523 | 37,304 |

## TABLE 11.—DEATHS BY AGE AND SEX IN RURAL AREAS—*contd.*

| | 20—30 years. | | | 30—40 years. | | | 40—50 years. | | | 50—60 years. | | | 60 years and over. | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Persons. | Male. | Female. | Persons. | Male. | Female. | Persons. | Male. | Female. | Persons. | Male. | Female. | Persons. | Male. | Female. |
| **Bombay—** | | | | | | | | | | | | | | | |
| 1940 .. | 23,432 | 9,738 | 13,694 | 23,461 | 11,612 | 11,849 | 23,503 | 13,644 | 9,859 | 25,790 | 14,977 | 10,813 | 69,369 | 34,928 | 34,441 |
| 1941 .. | 27,919 | 12,001 | 15,918 | 27,424 | 13,326 | 14,098 | 26,878 | 14,918 | 11,960 | 29,055 | 16,244 | 12,811 | 80,481 | 39,683 | 40,798 |
| 1942 .. | 25,071 | 10,846 | 14,225 | 24,573 | 12,085 | 12,488 | 24,945 | 14,104 | 10,841 | 28,143 | 16,243 | 11,900 | 76,818 | 38,366 | 38,452 |
| 1943 .. | 22,967 | 10,146 | 12,821 | 23,944 | 11,881 | 12,063 | 23,543 | 13,408 | 10,135 | 27,350 | 15,748 | 11,602 | 74,956 | 38,183 | 36,773 |
| 1944 .. | 24,401 | 10,925 | 13,476 | 25,419 | 12,749 | 12,670 | 25,145 | 14,302 | 10,843 | 29,856 | 17,293 | 12,563 | 79,859 | 39,474 | 40,385 |
| **Sind—** | | | | | | | | | | | | | | | |
| 1940 .. | 3,916 | 1,952 | 1,964 | 4,057 | 2,154 | 1,903 | 3,174 | 1,866 | 1,308 | 2,926 | 1,936 | 990 | 5,390 | 3,341 | 2,049 |
| 1941 .. | 4,599 | 2,396 | 2,203 | 4,470 | 2,392 | 2,078 | 3,936 | 2,247 | 1,689 | 3,936 | 2,589 | 1,347 | 6,949 | 4,393 | 2,556 |
| 1942 .. | 3,739 | 1,857 | 1,882 | 3,464 | 1,751 | 1,713 | 3,042 | 1,761 | 1,281 | 3,185 | 2,096 | 1,089 | 5,544 | 3,475 | 2,069 |
| 1943 .. | 3,671 | 1,794 | 1,877 | 3,922 | 1,991 | 1,931 | 3,491 | 2,106 | 1,385 | 3,546 | 2,343 | 1,203 | 6,535 | 4,105 | 2,430 |
| 1944 .. | 3,245 | 1,575 | 1,670 | 3,661 | 1,940 | 1,721 | 3,259 | 1,980 | 1,279 | 2,763 | 1,888 | 875 | 5,992 | 3,753 | 2,239 |
| **Madras—** | | | | | | | | | | | | | | | |
| 1940 .. | 57,254 | 23,330 | 33,924 | 57,546 | 27,499 | 30,047 | 59,805 | 33,322 | 26,483 | 64,726 | 36,179 | 28,547 | 198,701 | 97,367 | 101,334 |
| 1941 .. | 58,530 | 23,505 | 35,025 | 57,519 | 26,991 | 30,528 | 61,379 | 34,220 | 27,159 | 66,653 | 37,449 | 29,204 | 204,423 | 99,046 | 105,377 |
| 1942 .. | 64,370 | 26,827 | 37,543 | 63,684 | 30,867 | 32,817 | 65,560 | 36,828 | 28,732 | 69,042 | 38,145 | 29,897 | 202,050 | 98,459 | 103,591 |
| 1943 .. | 74,707 | 30,687 | 44,020 | 76,440 | 35,407 | 41,033 | 76,021 | 42,175 | 33,846 | 78,246 | 43,889 | 34,357 | 233,495 | 113,493 | 120,002 |
| 1944 .. | 66,155 | 27,374 | 38,781 | 67,716 | 32,014 | 35,702 | 69,908 | 38,765 | 31,143 | 76,528 | 42,495 | 34,033 | 239,633 | 116,073 | 123,560 |

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Coorg—** | | | | | | | | | | | | | | | | |
| 1940 | . | 393 | 211 | 182 | 404 | 209 | 195 | 343 | 219 | 124 | 278 | 157 | 121 | 289 | 149 | 140 |
| 1941 | . | 434 | 206 | 228 | 389 | 205 | 184 | 372 | 227 | 145 | 304 | 149 | 155 | 343 | 181 | 162 |
| 1942 | . | 399 | 183 | 216 | 422 | 209 | 213 | 359 | 194 | 165 | 277 | 163 | 114 | 392 | 208 | 184 |
| 1943 | . | 372 | 188 | 184 | 347 | 187 | 160 | 339 | 196 | 143 | 300 | 176 | 124 | 338 | 198 | 140 |
| 1944 | . | 342 | 173 | 169 | 325 | 180 | 145 | 350 | 197 | 153 | 321 | 190 | 131 | 418 | 213 | 205 |
| **Assam—** | | | | | | | | | | | | | | | | |
| 1940 | . | 15 225 | 6,064 | 9,161 | 13,275 | 6,722 | 6,553 | 11,282 | 6,587 | 4,695 | 10,848 | 6,223 | 4,625 | 16,902 | 9,629 | 7,273 |
| 1941 | . | 16,902 | 6,606 | 10,296 | 14,910 | 7,493 | 7,417 | 11,995 | 6,969 | 5,026 | 11,242 | 6,542 | 4,700 | 19,371 | 10,521 | 8,850 |
| 1942 | .. | 16,649 | 6,995 | 9,654 | 14,720 | 7,587 | 7,133 | 11,806 | 6,835 | 4,971 | 10,504 | 6,307 | 4,197 | 18,459 | 10,196 | 8,263 |
| 1943 | .. | 17,788 | 7,702 | 10,086 | 16,606 | 8,627 | 7,979 | 13,513 | 7,865 | 5,648 | 11,860 | 6,900 | 4,960 | 20,200 | 11,523 | 8,677 |
| 1944 | . | 16,588 | 7,447 | 9 141 | 15,802 | 7,802 | 8,000 | 13,043 | 7,223 | 5,820 | 12,786 | 7,080 | 5,706 | 20,511 | 12,437 | 8,074 |
| **Ajmer-Merwara—** | | | | | | | | | | | | | | | | |
| 1940 | .. | 870 | 394 | 476 | 715 | 384 | 331 | 783 | 435 | 348 | 1,075 | 627 | 448 | 2,155 | 1,123 | 1,032 |
| 1941 | .. | 640 | 304 | 336 | 655 | 347 | 308 | 575 | 340 | 235 | 804 | 445 | 359 | 1,358 | 700 | 658 |
| 1942 | .. | 672 | 303 | 369 | 701 | 342 | 359 | 712 | 420 | 292 | 990 | 553 | 437 | 1,370 | 699 | 671 |
| 1943 | .. | 878 | 410 | 468 | 782 | 386 | 396 | 770 | 443 | 327 | 1,017 | 601 | 416 | 1,508 | 803 | 705 |
| 1944 | .. | 875 | 422 | 453 | 881 | 463 | 418 | 758 | 445 | 313 | 980 | 558 | 422 | 1,581 | 885 | 696 |
| **British India—** | | | | | | | | | | | | | | | | |
| 1940 | .. | 411,010 | 182,049 | 228,961 | 392,067 | 201,929 | 190,138 | 375,968 | 215,521 | 160,447 | 401,099 | 224,791 | 176,308 | 858,645 | 445,019 | 413,626 |
| 1941 | .. | 441,270 | 194,702 | 246,568 | 417,494 | 213,220 | 204,274 | 393,800 | 224,292 | 169,508 | 411,927 | 230,245 | 181,682 | 898,649 | 461,982 | 436,667 |
| 1942 | .. | 434,573 | 192,420 | 242,153 | 416,954 | 213,268 | 203,686 | 402,709 | 229,577 | 173,132 | 425,563 | 238,917 | 186,646 | 925,109 | 473,950 | 451,159 |
| 1943 | .. | 531,939 | 242,907 | 289,032 | 541,277 | 281,162 | 260,115 | 518,407 | 300,705 | 217,702 | 526,980 | 300,330 | 226,650 | 1,067,653 | 560,230 | 507,423 |
| 1944 | . | 526,283 | 244,291 | 281,992 | 530,926 | 274,149 | 256,777 | 506,407 | 285,499 | 220,908 | 520,170 | 289,179 | 230,991 | 1,081,329 | 561,664 | 519,665 |

## TABLE 12.—DEATHS BY AGE AND SEX IN URBAN AREAS.

| | Under one year. | | | 1—5 years. | | | 5—10 years. | | | 10—15 years. | | | 15—20 years. | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Persons. | Male. | Female. | Persons. | Male. | Female. | Persons. | Male. | Female. | Persons. | Male. | Female. | Persons. | Male. | Female. |
| **N. W. F. P.—** | | | | | | | | | | | | | | | |
| 1940 .. | 1,242 | 681 | 561 | 1,089 | 572 | 517 | 293 | 154 | 139 | 235 | 104 | 131 | 299 | 137 | 162 |
| 1941 .. | 1,284 | 739 | 545 | 1,644 | 844 | 800 | 414 | 213 | 201 | 282 | 102 | 180 | 317 | 152 | 165 |
| 1942 .. | 1,007 | 586 | 421 | 1,126 | 559 | 567 | 308 | 155 | 153 | 246 | 126 | 120 | 276 | 137 | 139 |
| 1943 .. | 939 | 512 | 427 | 907 | 448 | 459 | 314 | 179 | 135 | 239 | 106 | 133 | 287 | 136 | 151 |
| 1944 .. | 1,067 | 571 | 496 | 875 | 427 | 448 | 278 | 133 | 145 | 258 | 121 | 137 | 256 | 119 | 137 |
| **Punjab —** | | | | | | | | | | | | | | | |
| 1940 .. | 23,386 | 12,483 | 10,903 | 16,944 | 8,362 | 8,582 | 3,231 | 1,651 | 1,580 | 2,304 | 939 | 1,365 | 2,714 | 1,056 | 1,658 |
| 1941 .. | 24,704 | 13,065 | 11,639 | 18,059 | 8,847 | 9,212 | 3,566 | 1,776 | 1,790 | 2,506 | 1,001 | 1,505 | 2,937 | 1,104 | 1,833 |
| 1942 .. | 26,358 | 13,936 | 12,422 | 17,465 | 8,614 | 8,851 | 4,285 | 2,015 | 2,270 | 3,195 | 1,353 | 1,842 | 3,526 | 1,447 | 20,79 |
| 1943 .. | 23,789 | 12,506 | 11,283 | 18,137 | 8,992 | 9,145 | 4,630 | 2,303 | 2,327 | 3,354 | 1,485 | 1,869 | 3,653 | 1,616 | 2,037 |
| 1944 .. | 26,166 | 13,775 | 12,381 | 18,416 | 9,102 | 9,314 | 5,047 | 2,564 | 2,483 | 3,713 | 1,753 | 1,960 | 3,962 | 1,800 | 2,162 |
| **Delhi —** | | | | | | | | | | | | | | | |
| 1940 .. | 3,610 | 1,910 | 1,700 | 2,492 | 1,267 | 1,225 | 505 | 256 | 249 | 390 | 154 | 236 | 555 | 199 | 356 |
| 1941 .. | 4,314 | 2,314 | 2,000 | 2,858 | 1,452 | 1,406 | 585 | 303 | 282 | 464 | 195 | 269 | 579 | 221 | 358 |
| 1942 .. | 4,039 | 2,179 | 1,860 | 2,499 | 1,227 | 1,272 | 628 | 330 | 298 | 429 | 183 | 246 | 592 | 239 | 353 |
| 1943 .. | 4,381 | 2,250 | 2,131 | 3,835 | 1,851 | 1,984 | 1,071 | 539 | 532 | 537 | 253 | 284 | 579 | 216 | 363 |
| 1944 .. | 4,599 | 2,365 | 2,234 | 3,875 | 1,881 | 1,994 | 972 | 484 | 488 | 531 | 244 | 287 | 621 | 245 | 376 |
| **U. P.—** | | | | | | | | | | | | | | | |
| 1940 .. | 45,979 | 24,735 | 21,244 | 36,016 | 17,989 | 18,027 | 7,205 | 3,643 | 3,562 | 4,812 | 2,038 | 2,774 | 5,804 | 1,911 | 3,893 |
| 1941 .. | 50,702 | 27,323 | 23,379 | 40,251 | 20,232 | 20,019 | 7,079 | 3,505 | 3,574 | 4,720 | 1,989 | 2,731 | 5,839 | 1,908 | 3,931 |
| 1942 .. | 50,925 | 27,665 | 23,260 | 36,276 | 18,032 | 18,244 | 7,041 | 3,539 | 3,502 | 4,964 | 2,115 | 2,849 | 5,694 | 1,980 | 3,714 |
| 1943 .. | 46,093 | 24,500 | 21,593 | 38,411 | 19,131 | 19,280 | 8,015 | 3,926 | 4,089 | 5,149 | 2,337 | 2,812 | 5,492 | 2,149 | 3,743 |
| 1944 .. | 43,609 | 23,431 | 20,178 | 42,146 | 21,063 | 21,083 | 9,972 | 4,914 | 5,058 | 6,452 | 3,085 | 3,367 | 6,576 | 2,656 | 3,920 |

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Bihar—** | | | | | | | | | | | | | | | | |
| 1940 | .. | 2,887 | 1,628 | 1,359 | 3,080 | 1,618 | 1,462 | 1,132 | 609 | 522 | 835 | 477 | 358 | 382 | 426 | 456 |
| 1941 | .. | 2,412 | 1,383 | 1,029 | 2,838 | 1,479 | 1,339 | 1,026 | 524 | 502 | 737 | 391 | 336 | 747 | 355 | 392 |
| 1942 | .. | 2,329 | 1,330 | 999 | 1,838 | 1,005 | 773 | 887 | 495 | 392 | 591 | 341 | 260 | 633 | 309 | 324 |
| 1943 | .. | 1,576 | 909 | 667 | 1,757 | 1,003 | 754 | 810 | 470 | 346 | 672 | 349 | 253 | 575 | 304 | 271 |
| 1944 | .. | 2,070 | 1,142 | 928 | 3,015 | 1,688 | 1,327 | 1,409 | 769 | 640 | 1,031 | 595 | 436 | 948 | 486 | 462 |
| **Orissa—** | | | | | | | | | | | | | | | | |
| 1940 | .. | 1,152 | 625 | 527 | 572 | 287 | 285 | 195 | 105 | 90 | 132 | 63 | 69 | 168 | 70 | 98 |
| 1941 | .. | 1,408 | 773 | 635 | 722 | 385 | 337 | 269 | 142 | 127 | 159 | 81 | 78 | 244 | 103 | 141 |
| 1942 | .. | 1,149 | 601 | 548 | 449 | 235 | 214 | 195 | 104 | 91 | 124 | 76 | 48 | 174 | 77 | 97 |
| 1943 | .. | 1,311 | 742 | 569 | 638 | 320 | 318 | 303 | 158 | 145 | 269 | 145 | 124 | 286 | 130 | 156 |
| 1944 | .. | 1,035 | 522 | 513 | 777 | 413 | 364 | 389 | 194 | 195 | 254 | 137 | 117 | 285 | 136 | 149 |
| **Bengal—** | | | | | | | | | | | | | | | | |
| 1940 | .. | 14,833 | 8,298 | 6,535 | 8,937 | 4,529 | 4,408 | 4,050 | 2,272 | 1,778 | 2,768 | 1,482 | 1,286 | 3,411 | 1,715 | 1,696 |
| 1941 | .. | 14,159 | 7,815 | 6,344 | 8,928 | 4,645 | 4,283 | 4,594 | 2,479 | 2,115 | 2,937 | 1,603 | 1,334 | 3,654 | 1,775 | 1,879 |
| 1942 | .. | 10,064 | 5,557 | 4,507 | 6,747 | 3,580 | 3,167 | 3,736 | 2,032 | 1,704 | 2,436 | 1,387 | 1,049 | 2,967 | 1,542 | 1,425 |
| 1943 | .. | 16,627 | 8,594 | 8,033 | 20,161 | 10,268 | 9,893 | 10,043 | 5,382 | 4,661 | 5,598 | 3,180 | 2,418 | 5,251 | 2,791 | 2,460 |
| 1944 | .. | 18,457 | 9,700 | 8,757 | 18,980 | 9,402 | 9,578 | 8,118 | 4,173 | 3,945 | 4,174 | 2,296 | 1,878 | 5,223 | 2,066 | 2,557 |
| **C. P.—** | | | | | | | | | | | | | | | | |
| 1940 | .. | 18,459 | 10,061 | 8,398 | 11,838 | 6,088 | 5,750 | 2,570 | 1,251 | 1,319 | 1,516 | 718 | 798 | 2,149 | 815 | 1,334 |
| 1941 | .. | 18,057 | 9,792 | 8,265 | 11,710 | 5,917 | 5,793 | 2,407 | 1,171 | 1,236 | 1,568 | 752 | 816 | 2,230 | 826 | 1,404 |
| 1942 | .. | 18,778 | 10,127 | 8,651 | 11,976 | 6,261 | 5,715 | 2,912 | 1,453 | 1,459 | 1,881 | 924 | 957 | 2,408 | 957 | 1,451 |
| 1943 | .. | 15,658 | 8,485 | 7,173 | 10,173 | 5,257 | 4,916 | 2,500 | 1,295 | 1,205 | 1,654 | 809 | 845 | 1,970 | 812 | 1,158 |
| 1944 | .. | 16,334 | 8,877 | 7,457 | 12,941 | 6,726 | 6,215 | 2,834 | 1,458 | 1,376 | 1,877 | 910 | 967 | 2,211 | 912 | 1,299 |

## Table 12.—Deaths by Age and Sex in Urban Areas—*contd.*

| | Under one year. | | | 1—5 years. | | | 5—10 years. | | | 10—15 years. | | | 15—20 years. | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Persons. | Male. | Female. | Persons. | Male. | Female. | Persons. | Male. | Female. | Persons. | Male. | Female. | Persons. | Male. | Female |
| **Bombay—** | | | | | | | | | | | | | | | |
| 1940 .. | 33,833 | 17,961 | 15,872 | 23,463 | 11,687 | 11,767 | 4,495 | 2,204 | 2,291 | 2,630 | 1,204 | 1,426 | 3,464 | 1,392 | 2,072 |
| 1941 .. | 31,741 | 17,077 | 14,664 | 24,310 | 11,930 | 12,380 | 5,062 | 2,482 | 2,580 | 3,139 | 1,530 | 1,608 | 4,036 | 1,699 | 2,337 |
| 1942 .. | 29,123 | 15,454 | 13,669 | 23,241 | 11,614 | 11,627 | 4,867 | 2,403 | 2,464 | 2,860 | 1,404 | 1,456 | 3,511 | 1,547 | 1,964 |
| 1943 .. | 32,206 | 17,132 | 15,074 | 25,433 | 12,589 | 12,833 | 5,330 | 2,588 | 2,742 | 3,269 | 1,575 | 1,694 | 3,793 | 1,633 | 2,160 |
| 1944 .. | 35,900 | 18,932 | 16,968 | 29,046 | 14,352 | 14,694 | 6,159 | 3,063 | 3,096 | 3,540 | 1,732 | 1,808 | 4,241 | 1,902 | 2,339 |
| **Sind—** | | | | | | | | | | | | | | | |
| 1940 .. | 4,498 | 2,382 | 2,116 | 2,707 | 1,408 | 1,299 | 776 | 420 | 356 | 458 | 230 | 228 | 675 | 292 | 383 |
| 1941 .. | 4,355 | 2,333 | 2,022 | 2,927 | 1,499 | 1,428 | 599 | 301 | 298 | 435 | 198 | 237 | 661 | 315 | 346 |
| 1942 .. | 4,266 | 2,226 | 2,040 | 3,065 | 1,517 | 1,548 | 710 | 357 | 353 | 462 | 225 | 237 | 601 | 274 | 327 |
| 1943 .. | 4,570 | 2,415 | 2,155 | 2,534 | 1,250 | 1,284 | 678 | 345 | 333 | 493 | 241 | 252 | 703 | 324 | 379 |
| 1944 .. | 5,488 | 2,860 | 2,628 | 3,799 | 1,901 | 1,898 | 952 | 479 | 473 | 638 | 327 | 311 | 734 | 339 | 395 |
| **Madras—** | | | | | | | | | | | | | | | |
| 1940 .. | 45,065 | 24,454 | 20,611 | 27,073 | 13,550 | 13,523 | 6,608 | 3,283 | 3,325 | 3,779 | 1,782 | 1,997 | 5,465 | 2,104 | 3,361 |
| 1941 .. | 46,326 | 25,293 | 21,033 | 29,736 | 14,672 | 15,064 | 7,063 | 3,599 | 3,464 | 3,808 | 1,857 | 1,951 | 5,759 | 2,211 | 3,548 |
| 1942 .. | 40,201 | 21,859 | 18,342 | 26,239 | 13,041 | 13,198 | 7,800 | 3,901 | 3,899 | 4,542 | 2,239 | 2,303 | 5,851 | 2,418 | 3,433 |
| 1943 .. | 44,875 | 24,220 | 20,655 | 32,958 | 16,442 | 13,516 | 11,459 | 5,798 | 5,661 | 6,785 | 3,364 | 3,421 | 7,026 | 3,005 | 4,021 |
| 1944 .. | 48,851 | 26,037 | 22,814 | 36,653 | 18,129 | 18,524 | 10,244 | 5,085 | 5,159 | 5,922 | 2,880 | 3,042 | 6,954 | 2,930 | 4,024 |

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Coorg—** | | | | | | | | | | | | | | | | |
| 1940 | .. | 15 | 8 | 7 | 23 | 12 | 11 | 16 | 8 | 8 | 13 | 7 | 6 | 16 | 7 | 9 |
| 1941 | .. | 17 | 12 | 5 | 16 | 9 | 7 | 16 | 8 | 8 | 14 | 9 | 5 | 26 | 14 | 12 |
| 1942 | .. | 25 | 9 | 16 | 28 | 14 | 14 | 23 | 16 | 7 | 23 | 15 | 8 | 31 | 16 | 15 |
| 1943 | .. | 12 | 6 | 6 | 41 | 21 | 20 | 21 | 10 | 11 | 36 | 25 | 11 | 39 | 27 | 12 |
| 1944 | .. | 8 | 3 | 5 | 24 | 18 | 6 | 19 | 8 | 11 | 32 | 18 | 14 | 41 | 31 | 10 |
| **Assam—** | | | | | | | | | | | | | | | | |
| 1940 | .. | 747 | 409 | 338 | 395 | 204 | 191 | 173 | 95 | 78 | 132 | 79 | 53 | 106 | 88 | 106 |
| 1941 | .. | 730 | 427 | 303 | 417 | 214 | 203 | 183 | 85 | 98 | 148 | 81 | 67 | 191 | 84 | 107 |
| 1942 | .. | 558 | 315 | 241 | 430 | 218 | 212 | 244 | 135 | 109 | 169 | 89 | 80 | 214 | 86 | 128 |
| 1943 | .. | 513 | 304 | 214 | 449 | 231 | 218 | 263 | 137 | 126 | 208 | 126 | 82 | 270 | 145 | 125 |
| 1944 | .. | 593 | 309 | 287 | 633 | 311 | 322 | 312 | 163 | 149 | 226 | 137 | 89 | 266 | 137 | 129 |
| **Ajmer-Merwara—** | | | | | | | | | | | | | | | | |
| 1940 | .. | 2,569 | 1,354 | 1,215 | 2,246 | 1,066 | 1,180 | 337 | 177 | 160 | 158 | 61 | 97 | 250 | 81 | 169 |
| 1941 | .. | 1,927 | 1,005 | 922 | 1,264 | 645 | 619 | 249 | 134 | 115 | 169 | 77 | 92 | 242 | 76 | 166 |
| 1942 | .. | 2,224 | 1,158 | 1,066 | 1,686 | 834 | 852 | 241 | 111 | 130 | 130 | 48 | 82 | 185 | 53 | 132 |
| 1943 | .. | 1,791 | 939 | 852 | 1,369 | 653 | 716 | 249 | 137 | 112 | 142 | 61 | 81 | 188 | 66 | 122 |
| 1944 | .. | 2,145 | 1,088 | 1,057 | 1,886 | 931 | 955 | 378 | 178 | 200 | 184 | 85 | 99 | 159 | 51 | 108 |
| **British India—** | | | | | | | | | | | | | | | | |
| 1940 | .. | 193,375 | 106,089 | 91,336 | 135,875 | 68,639 | 68,236 | 31,586 | 16,128 | 15,458 | 20,162 | 9,338 | 10,824 | 26,048 | 10,283 | 15,755 |
| 1941 | .. | 202,133 | 109,351 | 92,785 | 145,680 | 72,820 | 72,860 | 33,112 | 16,722 | 16,390 | 21,075 | 9,866 | 11,209 | 27,462 | 10,843 | 16,619 |
| 1942 | .. | 191,044 | 103,002 | 88,042 | 133,065 | 66,811 | 66,254 | 33,877 | 17,046 | 16,831 | 22,052 | 10,525 | 11,527 | 26,663 | 11,082 | 15,581 |
| 1943 | .. | 194,316 | 103,514 | 90,832 | 156,823 | 78,447 | 78,376 | 45,692 | 23,267 | 22,425 | 28,335 | 14,056 | 14,279 | 30,512 | 13,354 | 17,158 |
| 1944 | .. | 206,315 | 109,612 | 96,703 | 173,066 | 86,344 | 86,722 | 47,083 | 23,665 | 23,418 | 28,832 | 14,320 | 14,512 | 32,477 | 14,410 | 18,067 |

## Table 12.—Deaths by Age and Sex in Urban Areas—*contd.*

| | 20—30 years. | | | 30—40 years. | | | 40—50 years. | | | 50—60 years. | | | 60 years and over. | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Persons. | Male. | Female. | Persons. | Male. | Female. | Persons. | Male. | Female. | Persons. | Male. | Female. | Persons. | Male. | Female. |
| **N. W. F. P.—** | | | | | | | | | | | | | | | |
| 1940 | 564 | 292 | 272 | 436 | 217 | 219 | 378 | 227 | 151 | 412 | 271 | 141 | 932 | 540 | 392 |
| 1941 | 672 | 328 | 344 | 469 | 238 | 231 | 440 | 259 | 181 | 409 | 252 | 157 | 1,034 | 547 | 487 |
| 1942 | 593 | 284 | 309 | 455 | 233 | 222 | 422 | 261 | 161 | 418 | 253 | 165 | 1,066 | 598 | 468 |
| 1943 | 518 | 254 | 264 | 513 | 269 | 244 | 425 | 260 | 165 | 382 | 241 | 141 | 1,203 | 638 | 565 |
| 1944 | 480 | 209 | 271 | 403 | 198 | 205 | 432 | 266 | 166 | 415 | 250 | 165 | 1,062 | 572 | 490 |
| **Punjab—** | | | | | | | | | | | | | | | |
| 1940 | 5,359 | 2,171 | 3,188 | 3,607 | 1,733 | 1,874 | 3,376 | 1,959 | 1,417 | 3,818 | 2,278 | 1,540 | 11,486 | 6,385 | 5,101 |
| 1941 | 5,772 | 2,428 | 3,344 | 3,824 | 1,833 | 1,991 | 3,533 | 2,062 | 1,471 | 3,738 | 2,317 | 1,421 | 11,995 | 6,715 | 5,280 |
| 1942 | 6,265 | 2,613 | 3,652 | 4,461 | 2,147 | 2,314 | 4,272 | 2,491 | 1,781 | 4,939 | 2,890 | 2,049 | 14,304 | 7,793 | 6,511 |
| 1943 | 6,052 | 2,766 | 3,286 | 4,909 | 2,431 | 2,478 | 4,739 | 2,708 | 2,031 | 5,175 | 3,082 | 2,093 | 14,085 | 7,802 | 6,283 |
| 1944 | 6,276 | 2,737 | 3,539 | 5,126 | 2,418 | 2,708 | 5,069 | 2,838 | 2,231 | 5,277 | 3,102 | 2,175 | 13,616 | 7,525 | 6,091 |
| **Delhi—** | | | | | | | | | | | | | | | |
| 1940 | 1,048 | 389 | 659 | 665 | 304 | 361 | 674 | 365 | 309 | 623 | 402 | 221 | 1,344 | 764 | 580 |
| 1941 | 1,200 | 452 | 748 | 759 | 334 | 425 | 672 | 344 | 328 | 609 | 362 | 247 | 1,678 | 828 | 750 |
| 1942 | 1,109 | 426 | 683 | 774 | 344 | 430 | 689 | 393 | 296 | 640 | 402 | 238 | 1,713 | 917 | 796 |
| 1943 | 1,165 | 464 | 701 | 857 | 401 | 456 | 747 | 431 | 316 | 804 | 515 | 289 | 2,071 | 1,092 | 979 |
| 1944 | 1,409 | 551 | 858 | 913 | 449 | 464 | 833 | 498 | 335 | 739 | 459 | 280 | 2,244 | 1,198 | 1,046 |
| **U. P.—** | | | | | | | | | | | | | | | |
| 1940 | 13,054 | 4,626 | 8,428 | 9,487 | 4,299 | 5,188 | 8,208 | 4,709 | 3,499 | 8,795 | 5,254 | 3,541 | 24,811 | 13,316 | 11,495 |
| 1941 | 13,455 | 4,643 | 8,812 | 9,338 | 4,198 | 5,140 | 8,461 | 4,799 | 3,662 | 8,555 | 5,155 | 3,400 | 25,278 | 13,520 | 11,758 |
| 1942 | 13,181 | 4,010 | 8,671 | 9,473 | 4,316 | 5,157 | 8,788 | 5,047 | 3,741 | 9,211 | 5,563 | 3,648 | 29,178 | 15,528 | 14,050 |
| 1943 | 13,267 | 4,973 | 8,294 | 10,292 | 4,765 | 5,527 | 9,716 | 5,508 | 4,208 | 10,568 | 6,425 | 4,143 | 32,053 | 17,759 | 15,194 |
| 1944 | 13,923 | 5,398 | 8,525 | 10,924 | 5,080 | 5,844 | 10,164 | 5,808 | 4,356 | 10,443 | 6,250 | 4,193 | 30,250 | 16,291 | 13,959 |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Bihar—** | | | | | | | | | | | | | | | |
| 1940 | 1,717 | 872 | 845 | 1,641 | 902 | 739 | 1,324 | 847 | 477 | 1,327 | 796 | 531 | 2,535 | 1,373 | 1,162 |
| 1941 | 1,630 | 762 | 868 | 1,453 | 813 | 640 | 1,200 | 759 | 441 | 1,088 | 698 | 450 | 2,195 | 1,149 | 1,046 |
| 1942 | 1,456 | 723 | 733 | 1,246 | 679 | 567 | 1,066 | 666 | 400 | 933 | 582 | 351 | 2,136 | 1,101 | 1,035 |
| 1943 | 1,368 | 678 | 690 | 1,239 | 752 | 487 | 1,078 | 707 | 371 | 1,014 | 641 | 373 | 2,263 | 1,208 | 1,055 |
| 1944 | 1,829 | 954 | 875 | 1,782 | 1,028 | 754 | 1,456 | 946 | 510 | 1,355 | 857 | 498 | 2,657 | 1,499 | 1,158 |
| **Orissa—** | | | | | | | | | | | | | | | |
| 1940 | 488 | 234 | 254 | 502 | 290 | 203 | 510 | 308 | 202 | 526 | 318 | 203 | 1,073 | 536 | 537 |
| 1941 | 616 | 297 | 319 | 594 | 337 | 257 | 586 | 363 | 223 | 589 | 351 | 238 | 1,385 | 692 | 693 |
| 1942 | 553 | 297 | 256 | 511 | 321 | 190 | 531 | 351 | 180 | 500 | 334 | 166 | 1,194 | 629 | 565 |
| 1943 | 828 | 449 | 379 | 857 | 496 | 361 | 897 | 562 | 335 | 806 | 491 | 315 | 1,745 | 857 | 888 |
| 1944 | 681 | 370 | 311 | 757 | 437 | 320 | 809 | 489 | 320 | 775 | 485 | 290 | 1,599 | 845 | 754 |
| **Bengal—** | | | | | | | | | | | | | | | |
| 1940 | 10,106 | 5,339 | 4,767 | 7,361 | 4,301 | 3,060 | 6,151 | 3,826 | 2,325 | 5,468 | 3,344 | 2,124 | 8,922 | 4,854 | 4,068 |
| 1941 | 12,843 | 6,795 | 6,048 | 9,248 | 5,182 | 4,066 | 6,855 | 4,084 | 2,771 | 5,863 | 3,422 | 2,441 | 9,532 | 4,941 | 4,591 |
| 1942 | 9,576 | 5,509 | 4,067 | 7,346 | 4,422 | 2,924 | 6,623 | 4,193 | 2,430 | 6,086 | 3,725 | 2,361 | 9,766 | 5,136 | 4,630 |
| 1943 | 14,871 | 8,150 | 6,721 | 12,964 | 7,671 | 5,293 | 12,196 | 7,595 | 4,601 | 10,647 | 6,407 | 4,240 | 19,949 | 10,503 | 9,446 |
| 1944 | 14,513 | 8,219 | 6,294 | 12,638 | 7,883 | 4,755 | 10,038 | 7,257 | 3,681 | 10,152 | 6,318 | 3,834 | 19,141 | 9,691 | 9,450 |
| **C. P.—** | | | | | | | | | | | | | | | |
| 1940 | 4,779 | 1,874 | 2,905 | 3,743 | 1,955 | 1,788 | 3,166 | 1,964 | 1,202 | 3,399 | 2,043 | 1,326 | 9,136 | 4,567 | 4,569 |
| 1941 | 5,103 | 2,008 | 3,095 | 3,966 | 1,930 | 1,970 | 3,265 | 1,981 | 1,284 | 3,384 | 1,949 | 1,435 | 9,641 | 4,827 | 4,814 |
| 1942 | 5,222 | 2,096 | 3,126 | 4,113 | 2,103 | 2,009 | 3,544 | 2,094 | 1,450 | 3,563 | 2,037 | 1,526 | 10,149 | 5,034 | 5,115 |
| 1943 | 4,318 | 1,812 | 2,506 | 3,741 | 1,986 | 1,755 | 3,145 | 1,916 | 1,229 | 3,555 | 2,133 | 1,422 | 9,862 | 5,005 | 4,857 |
| 1944 | 4,591 | 1,856 | 2,735 | 3,755 | 1,949 | 1,806 | 3,028 | 1,817 | 1,211 | 3,261 | 1,943 | 1,318 | 9,072 | 4,669 | 4,403 |

## TABLE 12.—DEATHS BY AGE AND SEX IN URBAN AREAS—*contd.*

| | 20—30 years. | | | 30—40 years. | | | 40—50 years. | | | 50—60 years. | | | 60 years and over. | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Persons. | Male. | Female. | Persons. | Male. | Female. | Persons. | Male. | Female. | Persons. | Male. | Female. | Persons. | Male. | Female. |
| **Bombay—** | | | | | | | | | | | | | | | |
| 1940 | 10,400 | 4,309 | 6,091 | 8,641 | 4,602 | 4,039 | 7,908 | 5,092 | 2,816 | 7,915 | 5,028 | 2,887 | 10,248 | 9,032 | 9,316 |
| 1941 | 11,103 | 4,877 | 6,226 | 9,290 | 4,913 | 4,377 | 8,408 | 5,201 | 3,207 | 8,586 | 5,142 | 3,174 | 21,811 | 11,153 | 10,658 |
| 1942 | 9,739 | 4,385 | 5,354 | 8,453 | 4,475 | 3,978 | 7,871 | 5,057 | 2,814 | 8,443 | 5,416 | 3,027 | 20,293 | 10,397 | 9,896 |
| 1943 | 11,121 | 5,235 | 5,886 | 9,698 | 5,284 | 4,414 | 8,677 | 5,635 | 3,042 | 9,233 | 6,060 | 3,173 | 22,719 | 11,951 | 10,768 |
| 1944 | 12,145 | 5,706 | 6,430 | 10,426 | 5,667 | 4,759 | 9,147 | 5,873 | 3,274 | 9,676 | 6,234 | 3,442 | 23,678 | 12,351 | 11,327 |
| **Sind—** | | | | | | | | | | | | | | | |
| 1940 | 1,450 | 645 | 805 | 1,257 | 699 | 558 | 1,218 | 840 | 378 | 1,014 | 708 | 306 | 2,476 | 1,312 | 1,164 |
| 1941 | 1,470 | 670 | 800 | 1,236 | 716 | 520 | 1,231 | 826 | 405 | 1,132 | 817 | 315 | 2,767 | 1,549 | 1,218 |
| 1942 | 1,633 | 852 | 781 | 1,237 | 759 | 578 | 1,214 | 834 | 380 | 1,320 | 937 | 383 | 2,903 | 1,589 | 1,314 |
| 1943 | 1,617 | 833 | 784 | 1,378 | 830 | 548 | 1,410 | 967 | 443 | 1,240 | 872 | 368 | 3,089 | 1,629 | 1,461 |
| 1944 | 1,946 | 902 | 1,044 | 1,647 | 864 | 683 | 1,501 | 1,088 | 503 | 1,396 | 962 | 434 | 3,708 | 1,928 | 1,780 |
| **Madras—** | | | | | | | | | | | | | | | |
| 1940 | 16,456 | 6,213 | 8,243 | 12,978 | 6,570 | 6,408 | 12,784 | 7,649 | 5,135 | 12,437 | 7,436 | 5,001 | 36,706 | 17,945 | 18,761 |
| 1941 | 14,769 | 6,275 | 8,494 | 13,156 | 6,779 | 6,377 | 13,006 | 8,012 | 4,994 | 12,731 | 7,725 | 5,006 | 37,608 | 18,336 | 19,272 |
| 1942 | 14,446 | 6,209 | 8,237 | 13,614 | 6,734 | 6,880 | 13,375 | 8,122 | 5,253 | 12,837 | 7,970 | 4,867 | 36,095 | 17,826 | 18,269 |
| 1943 | 18,265 | 7,774 | 10,491 | 17,621 | 8,643 | 8,888 | 16,296 | 9,694 | 6,602 | 15,765 | 9,509 | 6,256 | 45,183 | 22,131 | 23,052 |
| 1944 | 17,697 | 7,546 | 10,151 | 16,741 | 8,491 | 8,250 | 16,621 | 9,971 | 6,650 | 16,627 | 10,044 | 6,583 | 48,376 | 23,455 | 24,921 |

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Coorg— | | | | | | | | | | | | | | | | |
| 1940 | 75 | 44 | 31 | 91 | 63 | 28 | 80 | 58 | 22 | 42 | 26 | 16 | 55 | 31 | 24 |
| 1941 | 104 | 61 | 43 | 123 | 92 | 30 | 109 | 92 | 17 | 79 | 65 | 14 | 53 | 45 | 8 |
| 1942 | 127 | 76 | 51 | 159 | 128 | 31 | 142 | 116 | 26 | 64 | 47 | 17 | 49 | 33 | 16 |
| 1943 | 110 | 65 | 54 | 140 | 107 | 33 | 127 | 107 | 20 | 70 | 51 | 19 | 67 | 46 | 21 |
| 1944 | 106 | 65 | 41 | 126 | 94 | 32 | 118 | 95 | 23 | 65 | 47 | 18 | 48 | 30 | 18 |
| Assam— | | | | | | | | | | | | | | | | |
| 1940 | 465 | 241 | 224 | 307 | 263 | 134 | 344 | 256 | 88 | 293 | 195 | 98 | 430 | 252 | 178 |
| 1941 | 517 | 274 | 243 | 447 | 293 | 154 | 389 | 286 | 103 | 292 | 202 | 90 | 472 | 295 | 177 |
| 1942 | 631 | 333 | 298 | 494 | 346 | 148 | 344 | 259 | 85 | 303 | 215 | 88 | 435 | 259 | 176 |
| 1943 | 665 | 424 | 241 | 583 | 403 | 180 | 432 | 317 | 115 | 346 | 235 | 111 | 483 | 281 | 202 |
| 1944 | 673 | 406 | 267 | 594 | 304 | 290 | 538 | 350 | 188 | 458 | 301 | 157 | 742 | 399 | 343 |
| Ajmer-Merwara— | | | | | | | | | | | | | | | | |
| 1940 | 533 | 174 | 359 | 335 | 154 | 181 | 312 | 186 | 126 | 413 | 245 | 168 | 943 | 476 | 467 |
| 1941 | 467 | 168 | 299 | 331 | 143 | 188 | 293 | 178 | 115 | 361 | 222 | 139 | 875 | 457 | 418 |
| 1942 | 496 | 171 | 325 | 338 | 149 | 189 | 314 | 179 | 135 | 385 | 256 | 129 | 1,064 | 522 | 542 |
| 1943 | 477 | 189 | 288 | 374 | 177 | 197 | 313 | 192 | 121 | 427 | 270 | 157 | 1,110 | 576 | 534 |
| 1944 | 428 | 144 | 284 | 386 | 175 | 211 | 365 | 234 | 131 | 364 | 219 | 145 | 1,142 | 574 | 568 |
| British India— | | | | | | | | | | | | | | | | |
| 1940 | 64,494 | 27,423 | 37,071 | 51,141 | 26,361 | 24,780 | 46,433 | 28,286 | 18,147 | 46,452 | 28,344 | 18,108 | 120,097 | 62,283 | 57,814 |
| 1941 | 69,721 | 30,038 | 39,683 | 54,233 | 27,867 | 29,366 | 48,448 | 29,246 | 19,202 | 47,416 | 28,889 | 18,527 | 126,224 | 65,054 | 61,170 |
| 1942 | 85,027 | 28,584 | 36,443 | 52,673 | 27,256 | 25,417 | 49,195 | 30,063 | 19,132 | 49,042 | 30,527 | 19,115 | 130,745 | 67,362 | 63,383 |
| 1943 | 76,661 | 34,166 | 40,785 | 66,176 | 34,515 | 30,561 | 59,196 | 36,599 | 23,599 | 60,122 | 36,032 | 23,100 | 156,782 | 81,477 | 75,305 |
| 1944 | 76,697 | 35,063 | 41,634 | 66,118 | 35,127 | 30,691 | 61,109 | 37,630 | 23,579 | 61,008 | 37,471 | 23,532 | 157,335 | 81,027 | 76,308 |

## TABLE 13.—INFANTILE MORTALITY IN RURAL AND URBAN AREAS.

| | Total | | Rural | | Urban. | |
|---|---|---|---|---|---|---|
| | Deaths | Rate p.m. of live births. | Deaths. | Rate p.m. of live births. | Deaths. | Rate p.m. of live births. |
| **N.-W. F. P.** | | | | | | |
| 1937—1941— | | | | | | |
| Max. | 11,090 | 166·1 | 9,705 | 172·0 | 1,389 | 138·6 |
| Med. | 10,497 | 148·6 | 9,213 | 150·7 | 1,284 | 133·3 |
| Min. | 9,359 | 130·5 | 8,202 | 133·0 | 1,157 | 115·3 |
| 1940 | 10,173 | 144·2 | 8,931 | 147·4 | 1,242 | 124·5 |
| 1941 | 10,497 | 166·1 | 9,213 | 172·0 | 1,284 | 133·3 |
| 1942 | 7,777 | 145·8 | 6,770 | 151·4 | 1,007 | 116·8 |
| 1943 | 7,016 | 132·5 | 6,077 | 137·7 | 939 | 106·5 |
| 1944 | 7,035 | 128·6 | 5,968 | 132·9 | 1,067 | 108·7 |
| **PUNJAB.** | | | | | | |
| 1937—1941— | | | | | | |
| Max. | 209,010 | 185·2 | 184,306 | 186·1 | 24,704 | 178·6 |
| Med. | 194,508 | 178·2 | 171,796 | 167·0 | 22,712 | 171·7 |
| Min. | 177,835 | 163·0 | 156,964 | 162·1 | 20,871 | 170·9 |
| 1940 | 200,925 | 178·2 | 177,539 | 178·3 | 23,386 | 177·7 |
| 1941 | 209,010 | 185·2 | 184,306 | 186·1 | 24,704 | 178·6 |
| 1942 | 227,704 | 213·6 | 201,346 | 217·4 | 26,358 | 188·7 |
| 1943 | 181,803 | 190·0 | 158,014 | 192·3 | 23,789 | 176·2 |
| 1944 | 191,191 | 173·1 | 165,035 | 173·4 | 26,156 | 171·6 |
| **DELHI.** | | | | | | |
| 1937–1941— | | | | | | |
| Max. | 6,101 | 166·6 | 1,863 | 181·6 | 4,314 | 172·6 |
| Med. | 5,258 | 164·1 | 1,794 | 159·8 | 3,566 | 157·0 |
| Min. | 5,110 | 149·7 | 1,622 | 148·6 | 3,316 | 150·3 |
| 1940 | 5,458 | 160·9 | 1,848 | 171·2 | 3,610 | 156·1 |
| 1941 | 6,101 | 164·1 | 1,792 | 159·8 | 4,314 | 166·0 |
| 1942 | 6,384 | 177·9 | 2,345 | 219·3 | 4,039 | 160·2 |
| 1943 | 5,896 | 174·6 | 1,515 | 184·0 | 4,381 | 171·6 |
| 1944 | 6,115 | 163·4 | 1,516 | 165·0 | 4,599 | 162·9 |
| **U. P.** | | | | | | |
| 1937–1941— | | | | | | |
| Max. | 264,689 | 148·6 | 213,720 | 139·6 | 50,969 | 204·7 |
| Med. | 244,794 | 139·5 | 195,372 | 129·6 | 49,422 | 199·7 |
| Min. | 227,460 | 131·2 | 181,481 | 119·8 | 45,979 | 191·3 |
| 1940 | 227,460 | 135·3 | 181,481 | 126·1 | 45,979 | 190·6 |
| 1941 | 232,486 | 131·2 | 181,784 | 119·8 | 50,702 | 199·3 |
| 1942 | 227,994 | 143·1 | 177,069 | 131·3 | 50,925 | 208·1 |
| 1943 | 188,066 | 134·6 | 141,973 | 120·6 | 46,093 | 209·1 |
| 1944 | 178,823 | 124·5 | 135,214 | 111·8 | 43,609 | 192·6 |
| **BIHAR.** | | | | | | |
| 1937–1941— | | | | | | |
| Max. | 133,788 | 119·9 | 130,669 | 119·8 | 3,835 | 137·9 |
| Med. | 122,044 | 115·9 | 119,039 | 115·3 | 3,005 | 120·6 |
| Min. | 114,522 | 109·0 | 112,110 | 108·9 | 2,412 | 114·0 |
| 1940 | 118,444 | 117·7 | 115,457 | 117·6 | 2,987 | 126·1 |
| 1941 | 114,522 | 109·0 | 112,110 | 108·9 | 2,412 | 114·2 |
| 1942 | 94,858 | 106·4 | 92,529 | 105·9 | 2,329 | 128·7 |
| 1943 | 74,921 | 98·7 | 73,345 | 99·0 | 1,576 | 88·9 |
| 1944 | 86,443 | 111·3 | 84,373 | 111·2 | 2,070 | 116·0 |

TABLE 13.—INFANTILE MORTALITY IN RURAL AND URBAN AREAS—*contd.*

| | Total. | | Rural | | Urban. | |
|---|---|---|---|---|---|---|
| | Deaths. | Rate p.m. of live births. | Deaths. | Rate p.m. of live births. | Deaths. | Rate p.m. of live births. |
| **ORISSA.** | | | | | | |
| 1937-1941— | | | | | | |
| Max. | 52,988 | 225·4 | 52,175 | 226·1 | 1,408 | 199·7 |
| Med. | 51,893 | 214·7 | 51,027 | 215·6 | 1,005 | 169·2 |
| Min. | 46,426 | 183·1 | 45,274 | 183·6 | 813 | 152·8 |
| 1940 | 46,426 | 183·1 | 45,274 | 183·6 | 1,152 | 164·6 |
| 1941 | 52,883 | 225·4 | 51,475 | 226·1 | 1,408 | 199·7 |
| 1942 | 46,014 | 190·7 | 44,865 | 191·3 | 1,149 | 167·2 |
| 1943 | 48,009 | 202·6 | 46,698 | 203·1 | 1,311 | 187·6 |
| 1944 | 40,784 | 206·7 | 39,749 | 209·4 | 1,035 | 172·6 |
| **BENGAL.** | | | | | | |
| 1937-1941— | | | | | | |
| Max. | 300,770 | 184·7 | 285,110 | 184·7 | 15,660 | 191·3 |
| Med. | 267,894 | 159·3 | 253,061 | 158·8 | 14,697 | 168·2 |
| Min. | 234,201 | 146·7 | 220,775 | 145·8 | 13,526 | 161·7 |
| 1940 | 267,894 | 159·3 | 253,061 | 158·8 | 14,833 | 168·2 |
| 1941 | 248,226 | 155·7 | 234,067 | 155·2 | 14,159 | 163·7 |
| 1942 | 223,500 | 154·3 | 213,436 | 154·6 | 10,064 | 148·2 |
| 1943 | 224,998 | 195·4 | 208,371 | 191·3 | 16,627 | 266·5 |
| 1944 | 198,987 | 207·9 | 180,530 | 201·9 | 18,457 | 291·9 |
| **C. P.** | | | | | | |
| 1937-1941— | | | | | | |
| Max. | 157,634 | 238·2 | 138,992 | 238·3 | 18,642 | 237·5 |
| Med. | 141,941 | 218·6 | 123,502 | 219·8 | 18,057 | 217·3 |
| Min. | 136,172 | 215·3 | 120,059 | 216·2 | 16,020 | 208·3 |
| 1940 | 141,961 | 226·1 | 123,502 | 224·5 | 18,459 | 237·2 |
| 1941 | 154,204 | 215·3 | 136,147 | 216·2 | 18,057 | 208·3 |
| 1942 | 155,285 | 232·3 | 136,507 | 232·9 | 18,778 | 227·7 |
| 1943 | 130,689 | 206·1 | 115,031 | 207·5 | 15,658 | 196·8 |
| 1944 | 145,037 | 221·4 | 128,703 | 224·0 | 16,334 | 203·9 |
| **BOMBAY.** | | | | | | |
| 1937-1941— | | | | | | |
| Max. | 132,100 | 174·2 | 101,307 | 162·5 | 33,833 | 228·0 |
| Med. | 121,298 | 160·7 | 89,557 | 149·8 | 30,793 | 202·5 |
| Min. | 117,258 | 152·7 | 87,977 | 143·9 | 27,739 | 185·3 |
| 1940 | 128,103 | 169·5 | 94,270 | 160·1 | 33,833 | 202·5 |
| 1941 | 121,298 | 159·0 | 89,557 | 149·8 | 31,741 | 192·2 |
| 1942 | 116,333 | 160·5 | 87,210 | 151·8 | 29,123 | 193·5 |
| 1943 | 112,323 | 157·4 | 80,117 | 146·8 | 32,206 | 191·7 |
| 1944 | 123,123 | 166·1 | 87,223 | 157·2 | 35,900 | 192·5 |
| **SIND.** | | | | | | |
| 1937-1941— | | | | | | |
| Max. | 9,487 | 121·3 | 5,132 | 101·9 | 4,498 | 158·3 |
| Med. | 9,134 | 115·7 | 4,866 | 96·5 | 4,268 | 155·7 |
| Min. | 8,479 | 105·7 | 4,124 | 88·3 | 3,883 | 138·9 |
| 1940 | 9,487 | 115·7 | 4,989 | 93·9 | 4,498 | 155·7 |
| 1941 | 8,479 | 114·6 | 4,124 | 92·6 | 4,355 | 147·8 |
| 1942 | 8,831 | 114·6 | 4,565 | 97·5 | 4,266 | 141·1 |
| 1943 | 8,700 | 126·8 | 4,130 | 104·6 | 4,570 | 156·6 |
| 1944 | 8,339 | 126·9 | 2,851 | 103·6 | 5,488 | 174·2 |

TABLE 13.—INFANTILE MORTALITY IN RURAL AND URBAN AREAS—*contd.*

| | Total | | Rural. | | Urban. | |
|---|---|---|---|---|---|---|
| | Deaths. | Rate p.m. of live births. | Deaths. | Rate p.m. of live births. | Deaths. | Rate p.m. of live births. |
| **MADRAS.** | | | | | | |
| 1937–1941— | | | | | | |
| Max. | 297,474 | 175·5 | 251,849 | 165·3 | 46,926 | 289·2 |
| Med. | 288,920 | 169·8 | 244,763 | 159·7 | 45,065 | 273·7 |
| Min. | 283,930 | 166·1 | 241,048 | 157·9 | 42,882 | 170·8 |
| 1940 | 286,688 | 168·7 | 241,023 | 157·9 | 45,065 | 265·2 |
| 1941 | 293,462 | 170·9 | 247,136 | 159·7 | 46,326 | 273·7 |
| 1942 | 268,895 | 159·7 | 228,694 | 150·0 | 40,201 | 242·1 |
| 1943 | 269,744 | 172·3 | 224,869 | 160·6 | 44,875 | 270·6 |
| 1944 | 287,542 | 192·5 | 238,691 | 191·8 | 48,851 | 195·6 |
| **COORG.** | | | | | | |
| 1937–1941— | | | | | | |
| Max. | 893 | 221·7 | 861 | 247·0 | 32 | 50·0 |
| Med. | 607 | 156·9 | 590 | 185·6 | 22 | 38·5 |
| Min. | 508 | 135·3 | 493 | 153·3 | 15 | 24·7 |
| 1940 | 508 | 135·3 | 493 | 153·3 | 15 | 24·7 |
| 1941 | 607 | 156·9 | 590 | 185·6 | 17 | 24·7 |
| 1942 | 510 | 154·7 | 485 | 181·1 | 25 | 40·4 |
| 1943 | 391 | 122·2 | 379 | 145·4 | 12 | 20·3 |
| 1944 | 376 | 121·2 | 368 | 145·3 | 8 | 12·5 |
| **ASSAM.** | | | | | | |
| 1937–1941— | | | | | | |
| Max. | 39,727 | 164·7 | 38,916 | 165·9 | 811 | 121·7 |
| Med. | 36,299 | 149·7 | 35,553 | 150·8 | 747 | 113·4 |
| Min. | 34,880 | 135·9 | 33,650 | 137·0 | 730 | 99·9 |
| 1940 | 34,610 | 141·8 | 33,863 | 142·7 | 747 | 108·2 |
| 1941 | 34,380 | 135·9 | 33,650 | 137·0 | 730 | 99·0 |
| 1942 | 28,271 | 136·5 | 27,715 | 137·3 | 556 | 208·4 |
| 1943 | 24,392 | 131·0 | 23,874 | 131·7 | 518 | 106·2 |
| 1944 | 26,929 | 162·0 | 26,333 | 163·4 | 596 | 116·5 |
| **AJMER-MERWARA.** | | | | | | |
| 1937–1941— | | | | | | |
| Max. | 5,201 | 316·3 | 2,671 | 315·1 | 2,569 | 317·5 |
| Med. | 4,367 | 211·5 | 1,954 | 157·7 | 1,927 | 292·3 |
| Min. | 3,123 | 177·1 | 1,196 | 127·3 | 2,299 | 233·9 |
| 1940 | 5,701 | 316·3 | 2,632 | 315·1 | 2,569 | 317·5 |
| 1941 | 3,123 | 177·1 | 1,196 | 127·3 | 1,927 | 233·9 |
| 1942 | 4,284 | 211·5 | 2,060 | 181·0 | 2,224 | 250·4 |
| 1943 | 3,146 | 208·6 | 1,355 | 181·3 | 1,791 | 236·3 |
| 1944 | 3,609 | 208·4 | 1,464 | 154·7 | 2,145 | 273·0 |
| **BRITISH INDIA.** | | | | | | |
| 1937–1941— | | | | | | |
| Max. | 1,570,196 | 167·1 | 1,373,392 | 164·2 | 202,136 | 210·9 |
| Med. | 1,489,283 | 159·8 | 1,287,147 | 154·8 | 196,804 | 200·2 |
| Min. | 1,454,678 | 155·6 | 1,261,779 | 150·7 | 190,533 | 198·6 |
| 1940 | 1,483,338 | 159·8 | 1,284,963 | 154·8 | 198,375 | 201·5 |
| 1941 | 1,489,283 | 158·0 | 1,287,147 | 152·9 | 202,136 | 201·2 |
| 1942 | 1,416,640 | 162·6 | 1,225,596 | 157·8 | 191,044 | 201·4 |
| 1943 | 1,280,094 | 164·7 | 1,085,748 | 158·7 | 194,246 | 208·4 |
| 1944 | 1,305,333 | 169·3 | 1,099,018 | 165·5 | 206,315 | 192·6 |

## TABLE 14.—INFANTILE MORTALITY RATE IN CERTAIN TOWNS IN BRITISH INDIA.

| Towns. | Rate per mille of live births. | | | | |
|---|---|---|---|---|---|
| | 1940 | 1941 | 1942 | 1943 | 1944 |
| **N.-W. F. PROVINCE.** | | | | | |
| Peshawar | 155·4 | 136·1 | 150·4 | 119·1 | 130·3 |
| Dera Ismail Khan | 108·8 | 128·8 | 104·8 | 120·8 | 91·1 |
| Mardan | 106·8 | 93·4 | 87·1 | 133·1 | 125·3 |
| Kohat | 52·7 | 88·7 | 53·1 | 78·1 | 75·2 |
| Bannu | 110·2 | 100·7 | 76·5 | 76·5 | 119·6 |
| **PUNJAB PROVINCE.** | | | | | |
| Hissar | 285·6 | 221·7 | 375·8 | 279·7 | 234·8 |
| Bhiwani | 223·0 | 192·3 | 284·7 | 210·6 | 235·6 |
| Rohtak | 218·6 | 173·8 | 325·4 | 215·4 | 178·2 |
| Rewari | 213·4 | 174·1 | 195·0 | 129·5 | 171·4 |
| Karna | 222·0 | 197·7 | 214·2 | 208·1 | 179·1 |
| Panipat | 196·0 | 216·2 | 240·3 | 230·4 | 239·9 |
| Ambala | 133·3 | 118·7 | 153·0 | 139·5 | 120·6 |
| Hoshiarpur | 148·5 | 147·1 | 157·3 | 153·9 | 166·7 |
| Jullundur | 174·0 | 196·0 | 167·7 | 166·0 | 176·1 |
| Ludhiana | 193·9 | 168·3 | 186·4 | 156·1 | 148·4 |
| Ferozepore | 242·5 | 207·5 | 282·4 | 192·6 | 172·7 |
| Lahore | 167·7 | 175·9 | 155·5 | 172·4 | 150·4 |
| Kasur | 189·5 | 170·3 | 163·9 | 242·5 | 182·7 |
| Amritsar | 164·3 | 205·7 | 206·3 | 232·1 | 200·3 |
| Batala | 205·5 | 197·1 | 193·6 | 202·7 | 164·9 |
| Sialkot | 155·6 | 158·4 | 168·7 | 145·3 | 157·1 |
| Fazilka | 203·4 | 221·4 | 186·7 | 177·6 | 176·2 |
| Gujranwala | 214·9 | 131·6 | 74·3 | 282·0 | 340·2 |
| Gujrat | 182·3 | 148·9 | 109·4 | 88·8 | 104·0 |
| Sargodha | 154·0 | 156·6 | 101·4 | 185·7 | 161·6 |
| Rawalpindi | 178·0 | 164·6 | 162·4 | 155·6 | 145·3 |
| Montgomery | 107·1 | 127·3 | 109·4 | 125·6 | 106·8 |
| Lyallpur | 195·6 | 190·0 | 177·2 | 183·7 | 188·6 |
| Moga | 177·8 | 198·4 | 256·1 | 108·9 | 150·0 |
| Jhang-Maghiana | 199·9 | 172·5 | 181·4 | 159·9 | 148·4 |
| Chiniot | 99·0 | 173·2 | 153·3 | 130·7 | 175·0 |
| Multan | 256·8 | 256·8 | 250·5 | 206·8 | 240·9 |
| Jhelum | 120·6 | 113·4 | 151·3 | 135·5 | 151·9 |
| D. G. Khan | 177·7 | 147·7 | 147·8 | 179·9 | 176·3 |
| Wazirabad | 76·3 | 91·4 | 130·4 | 94·2 | 66·9 |
| **DELHI PROVINCE.** | | | | | |
| Delhi City | 173·8 | 185·9 | 177·3 | 196·0 | 186·0 |
| New Delhi | 84·8 | 68·4 | 57·2 | 64·9 | 73·9 |
| **UNITED PROVINCES.** | | | | | |
| Dehra Dun | 167·1 | 226·3 | 193·9 | 193·6 | 174·2 |
| Saharanpur | 230·7 | 268·4 | 307·2 | 244·9 | 200·1 |
| Hardwar Union | 254·3 | 311·9 | 269·2 | 286·6 | 286·4 |
| Muzaffarnagar | 154·6 | 173·8 | 233·2 | 234·0 | 182·6 |
| Meerut | 119·6 | 151·8 | 116·1 | 138·0 | 154·9 |
| Khurja | 234·4 | 246·5 | 225·0 | 275·1 | 217·9 |
| Aligarh | 205·1 | 204·6 | 192·3 | 223·3 | 233·1 |

TABLE 14.—INFANTILE MORTALITY RATE IN

| Towns. | Rate per mille of live Births. | | | | |
|---|---|---|---|---|---|
| | 1940 | 1941 | 1942 | 1943 | 1944 |
| UNITED PROVINCES—*contd.* | | | | | |
| Hathras | 280·2 | 219·4 | 270·7 | 296·5 | 296·2 |
| Muthra | 150·6 | 191·2 | 240·2 | 249·8 | 203·9 |
| Agra | 186·6 | 236·6 | 228·6 | 207·7 | 202·5 |
| Bareilly | 143·3 | 162·2 | 202·7 | 152·9 | 168·5 |
| Budaun | 200·8 | 257·6 | 248·6 | 221·8 | 259·5 |
| Moradabad | 191·4 | 184·8 | 210·4 | 186·9 | 177·3 |
| Amroha | 183·1 | 222·3 | 238·9 | 244·7 | 204·2 |
| Sambhal | 193·7 | 223·2 | 239·1 | 179·5 | 144·1 |
| Shahjahanpur | 184·3 | 202·2 | 166·4 | 172·2 | 142·9 |
| Pilibhit | 241·4 | 211·9 | 268·8 | 230·9 | 207·5 |
| Farrukhabad-Cum-Fatehgarh | 233·5 | 241·8 | 225·7 | 258·8 | 223·2 |
| Etawah | 320·9 | 321·0 | 300·6 | 375·8 | 318·5 |
| Cawnpore | 297·7 | 320·7 | 309·2 | 351·7 | 287·4 |
| Allahabad | 231·0 | 195·1 | 209·5 | 202·8 | 218·4 |
| Jhansi | 230·5 | 264·2 | 269·2 | 277·7 | 273·0 |
| Benares | 254·3 | 235·0 | 259·1 | 248·7 | 244·2 |
| Mirzapur—Bindhachal | 174·8 | 188·6 | 168·5 | 186·6 | 168·2 |
| Jaunpur | 183·6 | 152·6 | 153·8 | 134·7 | 144·0 |
| Gorakhpur | 192·9 | 220·9 | 177·3 | 168·0 | 195·3 |
| Lucknow | 214·4 | 191·2 | 210·0 | 189·0 | 174·7 |
| Fyzabad-Ajodhya | 163·4 | 138·4 | 163·6 | 129·8 | 110·4 |
| Baliraich | 144·0 | 156·7 | 131·0 | 136·6 | 194·9 |
| Sitapur | 235·6 | 227·7 | 224·7 | 223·1 | 192·1 |
| Ferozabad | 170·3 | 173·2 | 124·2 | 116·5 | 149·1 |
| Ghazipur | 109·3 | 102·5 | 144·0 | 105·1 | 117·9 |
| Balrampur | 260·9 | 196·7 | 227·1 | 160·6 | 218·6 |
| Hapur | 190·3 | 222·0 | 222·7 | 234·1 | 267·3 |
| BIHAR PROVINCE. | | | | | |
| Patna | 126·2 | 64·8 | 84·3 | 198·7 | 149·0 |
| Gaya | 234·2 | 355·2 | 387·0 | 339·3 | 349·1 |
| Arrah | 63·8 | 89·0 | 107·0 | 54·1 | 49·8 |
| Chapra | 196·9 | 84·7 | 116·0 | 78·7 | 98·1 |
| Bettiah | 55·3 | 61·9 | 97·7 | 58·8 | 99·8 |
| Muzaffarpur | 108·2 | 133·4 | 129·2 | 80·2 | 18·9 |
| Darbhanga | 126·4 | 103·5 | 104·0 | 95·3 | 108·8 |
| Monghyr | 111·0 | 83·3 | 147·3 | 82·8 | 44·9 |
| Jamalpur | 165·9 | 100·9 | 184·7 | 49·7 | 89·0 |
| Bhagalpur | 116·4 | 40·5 | * | * | * |
| Ranchi | 93·0 | 49·0 | 47·7 | 97·4 | 149·2 |
| Purulia | 85·1 | 79·5 | 33·8 | 5·9 | 25·1 |
| Jamshedpur | 48·7 | 57·1 | 84·5 | 24·7 | 19·0 |
| ORISSA PROVINCE. | | | | | |
| Berhampur | 144·1 | 145·2 | 118·0 | 151·8 | 98·9 |
| Cuttack | 152·1 | 210·9 | 178·8 | 183·6 | 181·7 |
| Puri | 200·7 | 217·2 | 227·9 | 288·6 | 252·7 |
| BENGAL PRESIDENCY. | | | | | |
| Asansol | 82·5 | 113·1 | 68·5 | 54·3 | 44·2 |
| Bankura | 83·0 | 82·7 | 75·2 | 100·3 | 86·1 |
| Hooghly-Chinsura | 109·6 | 110·8 | 157·1 | 150·0 | 147·6 |

*Not available.

## CERTAIN TOWNS IN BRITISH INDIA—*contd.*

| Towns. | Rate per mille of live births. | | | | |
|---|---|---|---|---|---|
| | 1940 | 1941 | 1942 | 1943 | 1944 |
| **BENGAL PRESIDENCY—*contd.*** | | | | | |
| Serampur | 169·7 | 177·4 | 185·4 | 205·3 | 237·8 |
| Howrah | 267·3 | 267·2 | 274·0 | 355·8 | 496·5 |
| South Suburban | 185·9 | 197·5 | 214·8 | 351·0 | 355·4 |
| Baranagar | 185·3 | 201·9 | 164·1 | 176·1 | 244·3 |
| Titagarh | 196·7 | 135·4 | 201·6 | 180·8 | 281·1 |
| Naihati | 166·1 | 120·1 | 69·3 | 77·1 | 111·9 |
| Bhatpara | 236·3 | 191·2 | 232·8 | 209·6 | 259·8 |
| Calcutta | 212·5 | 208·0 | 166·8 | 427·7 | 429·9 |
| Sirajganj | 188·4 | 256·4 | 195·9 | 816·3 | 852·2 |
| Dacca | 176·3 | 152·1 | 208·0 | 536·6 | 333·2 |
| Narayanganj | 197·3 | 191·7 | 221·8 | 411·1 | 357·8 |
| Mymensingh | 259·9 | 200·8 | 212·1 | 536·6 | 278·4 |
| Barisal | 184·5 | 165·2 | 138·2 | 241·6 | 258·8 |
| Chittagong | 142·7 | 145·5 | 188·5 | 818·2 | 191·4 |
| Burdwan | 77·0 | 69·2 | 17·1 | 13·4 | 7·8 |
| Midnapur | 45·8 | 59·8 | 53·5 | 33·2 | 47·2 |
| Champdani | 65·5 | 52·6 | 32·4 | 38·7 | 37·0 |
| Bally | 88·8 | 138·1 | 147·7 | 112·6 | 129·6 |
| Tollyganj | 61·1 | 71·8 | 50·1 | 73·7 | 69·0 |
| Garden Reach | 128·1 | 151·5 | 138·1 | 160·7 | 147·3 |
| Budge-Budge | 123·1 | 110·8 | 133·6 | 122·2 | 127·5 |
| Kamarhati | 107·7 | 111·1 | 76·4 | 72·7 | 81·8 |
| Krishnagar | 87·8 | 75·7 | 67·8 | 73·6 | 56·2 |
| Nabadwip | 152·6 | 133·3 | 166·7 | 159·3 | 108·2 |
| Berhampur | 149·8 | 179·1 | 150·3 | 231·3 | 189·3 |
| Khulna | 109·7 | 102·8 | 97·8 | 108·4 | 147·1 |
| Rajshahi | 81·9 | 111·1 | 66·9 | 88·6 | 101·7 |
| Rangpur | 85·5 | 68·9 | 58·7 | 34·2 | 51·1 |
| Pabna | 57·3 | 99·4 | 234·5 | 182·6 | 141·1 |
| Comilla | 100·8 | 58·8 | 55·9 | 77·7 | 111·9 |
| Brahmanbaria | 101·0 | 50·1 | 77·2 | 73·8 | 137·5 |
| Chandpur | 117·3 | 109·9 | 181·8 | 237·3 | 176· |
| **CENTRAL PROVINCES.** | | | | | |
| Wardha | 212·1 | 176·6 | 165·9 | 110·1 | 131·9 |
| Hinganghat | 251·2 | 222·5 | 191·1 | 196·3 | 239·5 |
| Chanda | 228·3 | 212·4 | 272·5 | 178·4 | 236·6 |
| Ellichpur | 216·4 | 185·9 | 236·8 | 136·0 | 164·1 |
| Nagpur | 294·6 | 226·7 | 275·5 | 201·9 | 228·0 |
| Jubbulpore | 254·0 | 243·1 | 233·1 | 215·3 | 179·4 |
| Saugor | 258·1 | 259·1 | 191·0 | 172·3 | 240·3 |
| Khandwa | 242·2 | 219·2 | 253·8 | 252·7 | 217·3 |
| Burhanpur | 218·0 | 206·2 | 208·4 | 204·1 | 211·0 |
| Raipur | 238·9 | 180·6 | 198·8 | 396·2 | 178·4 |
| Bilaspur | 191·1 | 162·1 | 215·5 | 211·1 | 175·7 |
| Amraoti | 216·4 | 199·4 | 186·6 | 156·6 | 188·1 |
| Akola | 221·5 | 216·8 | 223·2 | 194·5 | 194·9 |
| **BOMBAY PRESIDENCY.** | | | | | |
| Bombay | 201·5 | 211·4 | 95·1 | 197·4 | 203·9 |
| Jalgaon | 195·9 | 166·7 | 87·9 | 126·0 | 101·1 |
| Dhulia | 152·4 | 130·4 | 72·9 | 129·9 | 127·7 |
| Surat | 262·4 | 241·7 | 239·5 | 228·9 | 260·7 |
| Broach | 155·4 | 144·0 | 90·0 | 149·4 | 190·7 |
| Nadiad | 291·6 | 228·5 | 276·5 | 200·3 | 198·5 |
| Godhra | 187·8 | 201·7 | 72·5 | 106·7 | 143·7 |
| Ahmedabad | 310·2 | 247·5 | 203·1 | 263·5 | 277·5 |

## TABLE 14.—INFANTILE MORTALITY RATE IN CERTAIN TOWNS IN BRITISH INDIA—*concld.*

| Towns. | Rate per mille of live births. | | | | |
|---|---|---|---|---|---|
| | 1940 | 1941 | 1942 | 1943 | 1944 |
| **BOMBAY PRESIDENCY—*contd.*** | | | | | |
| Ahmednagar | 152·9 | 143·9 | 168·2 | 126·3 | 116·2 |
| Poona | 329·3 | 321·2 | 315·3 | 41·2 | 331·4 |
| Nasik | 251·7 | 271·2 | 268·2 | 253·4 | 200·5 |
| Malegaon | 207·5 | 221·9 | 173·4 | 159·6 | 148·8 |
| Bandra | 117·9 | 122·4 | 146·9 | 115·1 | 131·9 |
| Kurla | 159·1 | 102·2 | 95·2 | 121·5 | 142·1 |
| Belgaum | 119·4 | 150·3 | 101·6 | 116·6 | 100·3 |
| Gadag-Betigari | 195·6 | 185·0 | 167·9 | 171·4 | 199·7 |
| Bijapur | 85·7 | 45·9 | 49·7 | 40·9 | 48·7 |
| Sholapur | 189·6 | 211·7 | 231·9 | 224·8 | 197·9 |
| Amalner | 133·9 | 105·8 | 188·0 | 191·1 | 140·7 |
| Bhusawal | 117·0 | 107·1 | 133·0 | 128·2 | 130·0 |
| Kalyan | 110·8 | 124·1 | 137·1 | 125·5 | 103·3 |
| Pandharpur | 279·2 | 352·5 | 336·9 | 228·9 | 344·0 |
| Barsi | 260·6 | 258·8 | 258·0 | 230·7 | 192·8 |
| Dharwar | 64·5 | 63·0 | 46·4 | 54·9 | 45·0 |
| Hubli | 77·2 | 105·8 | 70·2 | 72·1 | 71·3 |
| Satara | 231·2 | 183·8 | 163·4 | 140·2 | 143·3 |
| **SIND PROVINCE** | | | | | |
| Karachi | 136·8 | 127·8 | 116·5 | 136·5 | 162·2 |
| Hyderabad | 259·1 | 220·5 | 212·1 | 196·4 | 234·8 |
| Sukkur | 91·5 | 184·6 | 79·6 | 98·6 | 104·7 |
| Shikarpur | 198·8 | 180·9 | 228·1 | 181·8 | 19·9 |
| **MADRAS PRESIDENCY** | | | | | |
| Bellari | 208·4 | 233·7 | 191·2 | 205·3 | 160·7 |
| Arloni | 114·0 | 143·3 | 132·1 | 162·2 | 110·4 |
| Conjeeveram | 148·2 | 179·8 | 138·9 | 176·5 | 2[illegible]2·7 |
| Saidapet | 157·9 | 168·9 | 140·5 | 2[illegible]6·4 | 261·2 |
| Coimbatore | 166·4 | 148·7 | 167·3 | 165·9 | 165·4 |
| Erode | 149·6 | 161·8 | 133·0 | 173·5 | 131·7 |
| Cocanada | 200·3 | 181·9 | 156·6 | 147·7 | 162·4 |
| Rajahmundry | 172·0 | 251·8 | 206·7 | 154·3 | 186·0 |
| Guntur | 230·4 | 218·4 | 213·5 | 2[illegible]6·4 | 221·C |
| Tenali | 143·1 | 177·2 | 177·3 | 193·4 | 189·4 |
| Bezwada | 232·9 | 212·1 | 201·4 | 160·4 | 176·5 |
| Masulipatam | 156·7 | 182·5 | 189·2 | 142·6 | 161·3 |
| Madras | 205·7 | 2[illegible]8·9 | 196·8 | 247·3 | 284·3 |
| Madura | 184·4 | 187·8 | 170·2 | 187·5 | 216·5 |
| Dindigul | 152·8 | 140·0 | 133·2 | 166·4 | 159·2 |
| Calicut | 122·6 | 154·9 | 133·1 | 141·0 | 154·6 |
| Palghat | 162·2 | 154·8 | 152·0 | 194·0 | 140·5 |
| Cannanore | 133·7 | 199·5 | 139·8 | 139·8 | 166·2 |
| Tellicherry | 131·9 | 144·8 | 115·5 | 126·7 | 160·1 |
| Nellore | 168·7 | 178·0 | 174·9 | 193·6 | 199·1 |
| Vellore | 169·1 | 156·8 | 131·0 | 178·7 | 199·4 |
| Virudhunagar | 179·6 | 164·2 | 153·3 | 163·9 | 169·5 |
| Srivilliputtur | 184·4 | 192·5 | 163·1 | 172·6 | 177·2 |
| Salem | 137·3 | 135·0 | 114·3 | 146·9 | 154·1 |
| Cuddalore | 127·6 | 157·7 | 147·8 | 181·2 | 216·8 |
| Tanjore | 160·3 | 165·5 | 139·8 | 167·5 | 184·2 |
| Kumbakonam | 142·3 | 150·1 | 118·2 | 156·8 | 207·9 |
| Negapatam | 115·1 | 132·0 | 143·4 | 212·0 | 207·1 |
| Mayavaram | 126·2 | 118·9 | 133·7 | 140·3 | 186·3 |
| Tuticorin | 235·5 | 211·7 | 209·4 | 235·0 | 246·3 |
| Tinnevelly | 225·6 | 228·0 | 211·0 | 248·3 | 247·8 |
| Palamcottah | 126·8 | 157·6 | 131·9 | 142·3 | 231·8 |
| Trichinopoly | 172·3 | 153·7 | 148·1 | 167·4 | 174·2 |
| Vizagapatam | 199·8 | 232·3 | 205·0 | 135·1 | 181·9 |
| Vizianagaram | 190·5 | 198·3 | 192·1 | 186·5 | 181·6 |
| **AJMER-MERWARA PROVINCE.** | | | | | |
| Ajmer | 299·7 | 220·7 | 226·9 | 213·0 | 262·8 |
| Beawar | 390·7 | 296·5 | 312·3 | 313·7 | 352·4 |

## TABLE 15.—VITAL STATISTICS FOR INDIAN STATES.

| State. | Estimated Population. | Births. | Birth rate per mille. | Deaths. | Death rate per mille. | Death under one year. | Infantile mortality per 1,000 births. |
|---|---|---|---|---|---|---|---|
| **HYDERABAD STATE.** | | | | | | | |
| 1940 | †16,211,708 | 154,971 | 9·6 | 164,567 | 10·2 | * | * |
| 1941 | †16,401,047 | 166,374 | 10·1 | 139,571 | 8·5 | 16,432 | 98·8 |
| 1942 | †16,592,186 | 169,838 | 10·2 | 148,492 | 8·9 | 18,385 | 108·3 |
| 1943 | †16,782,425 | 158,637 | 9·5 | 131,159 | 6·8 | * | * |
| **MYSORE STATE.** | | | | | | | |
| 1940 | 7,277,684 | 136,020 | 18·7 | 96,263 | 13·2 | 15,997 | 117·6 |
| 1941 | 7,354,868 | 139,146 | 18·9 | 102,316 | 13·9 | 14,135 | 101·6 |
| 1942 | 7,432,052 | 134,979 | 18·2 | 99,187 | 13·3 | 13,349 | 98·9 |
| 1943 | 7,509,236 | 128,978 | 17·2 | 112,177 | 14·9 | 14,673 | 113·8 |
| **JAMMU & KASHMIR STATE.** | | | | | | | |
| 1941 | 4,034,125 | 7,431 | 1·8 | 5,381 | 1·3 | 1,318 | 177·4 |
| 1942 | 4,071,662 | 6,976 | 1·7 | 4,794 | 1·2 | 1,034 | 148·2 |
| 1943 | 4,109,199 | 7,225 | 1·8 | 5,041 | 1·2 | 414 | 57·3 |
| **MADRAS STATES.** | | | | | | | |
| Cochin— | | | | | | | |
| 1940 | 1,408,352 | 18,054 | 12·8 | 12,841 | 9·1 | 1,774 | 98·3 |
| 1941 | 1,433,138 | 19,495 | 13·6 | 12,278 | 8·6 | 1,429 | 73·3 |
| 1942 | 1,451,924 | 6,189 | 4·3 | 7,703 | 5·3 | 349 | 56·4 |
| 1943 | 1,473,710 | 14,305 | 9·7 | 12,733 | 8·6 | 881 | 61·6 |
| 1944 | 1,495,496 | 21,848 | 14·6 | 9,198 | 6·2 | 803 | 36·8 |
| Pudukkottai— | | | | | | | |
| 1941 | 433,590 | 6,410 | 14·6 | 5,897 | 13·4 | 217 | 33·9 |
| 1942 | 443,334 | 6,735 | 15·2 | 5,355 | 12·1 | 455 | 67·6 |
| 1943 | 447,129 | 6,248 | 14·0 | 5,594 | 12·5 | 392 | 62·7 |
| Travancore— | | | | | | | |
| 1940 | 6,005,981 | 117,625 | 19·6 | 63,659 | 10·6 | 10,100 | 85·9 |
| 1941 | 6,102,486 | 115,893 | 19·0 | 68,365 | 11·2 | 9,270 | 80·0 |
| 1942 | 6,199,991 | 121,331 | 19·6 | 65,431 | 10·6 | 8,368 | 69·0 |
| 1943 | 6,297,296 | 119,719 | 19·0 | 85,253 | 13·5 | 8,245 | 68·9 |
| 1944 | 6,394,701 | 131,394 | 20·5 | 89,176 | 12·5 | 9,195 | 70·0 |
| **RAJPUTANA STATES.** | | | | | | | |
| Jaipur— | | | | | | | |
| 1941 | 3,054,512 | 18,281 | 6·0 | 13,021 | 4·3 | 3,003 | 164·5 |
| 1942 | 3,093,422 | 18,337 | 5·9 | 1,269 | 0·4 | 3,219 | 175·1 |
| 1943 | 3,133,332 | 13,217 | 4·2 | 13,334 | 4·3 | 2,749 | 208·0 |
| 1944 | 3,177,242 | 13,019 | 3·8 | 10,617 | 3·3 | 2,069 | 172·1 |
| Jodhpur— | | | | | | | |
| 1940 | 124,701 | 2,733 | 21·9 | 2,886 | 23·1 | 775 | 283·6 |
| 1941 | 127,912 | 2,762 | 21·6 | 2,032 | 15·9 | 443 | 160·4 |
| 1942 | 131,123 | 2,733 | 20·8 | 2,199 | 16·7 | 489 | 178·9 |
| 1943 | 134,334 | 2,295 | 17·1 | 2,033 | 15·2 | 394 | 171·7 |
| 1944 | 137,545 | 1,990 | 14·5 | 2,571 | 18·7 | 473 | 237·7 |
| Dholpur— | | | | | | | |
| 1940 | 234,773 | 3,818 | 13·5 | 1,699 | 6·0 | 443 | 115·1 |
| 1941 | 237,970 | 4,331 | 14·9 | 1,974 | 6·9 | 241 | 56·0 |
| 1942 | 291,162 | 2,734 | 9·6 | 2,778 | 9·5 | 287 | 103·1 |
| 1943 | 294,354 | 1,503 | 5·1 | 1,818 | 6·2 | 147 | 97·9 |
| 1944 | 297,546 | 1,587 | 5·3 | 1,605 | 5·4 | 88 | 55·5 |
| **EASTERN STATES.** | | | | | | | |
| Daspalla— | | | | | | | |
| 1940 | 53,137 | 2,402 | 45·2 | 1,402 | 26·4 | 554 | 230·6 |
| 1941 | 54,180 | 1,715 | 31·7 | 1,895 | 35·0 | 545 | 317·8 |
| 1942 | 55,223 | 2,313 | 41·9 | 1,508 | 27·3 | 489 | 211·4 |
| 1943 | 56,266 | 2,268 | 40·3 | 1,575 | 28·0 | 558 | 246·0 |
| 1944 | 57,309 | 2,279 | 39·8 | 1,433 | 25·0 | 517 | 226·9 |

* Figures not available.

† The year commences from 6th October.

## TABLE 15.—VITAL STATISTICS FOR INDIAN STATES—*contd.*

| State. | Estimated Population. | Births. | Birth rate per mille. | Deaths. | Death rate per mille. | Deaths under one year. | Infantile mortality Per 1,000 births. |
|---|---|---|---|---|---|---|---|
| EASTERN STATES— | | | | | | | |
| **Hindol—** | | | | | | | |
| 1940 | 57,865 | 2,136 | 36·9 | 1,426 | 24·6 | 495 | 231·7 |
| 1941 | 58,826 | 1,612 | 27·4 | 1,596 | 27·1 | 334 | 207·2 |
| 1942* | 59,787 | | | | | | |
| 1943 | 60,748 | 2,200 | 36·2 | 1,553 | 25·6 | 590 | 268·2 |
| 1944 | 61,709 | 1,919 | 31·1 | 1,410 | 22·8 | 444 | 231·4 |
| **Khandpara—** | | | | | | | |
| 1940 | 86,712 | 3,582 | 41·3 | 2,936 | 33·9 | 740 | 206·6 |
| 1941 | 87,653 | 3,014 | 34·4 | 3,540 | 40·4 | 1,068 | 354·3 |
| 1942 | 88,594 | 4,072 | 46·0 | 3,038 | 34·3 | 1,024 | 251·5 |
| 1943 | 89,535 | 3,358 | 37·5 | 3,165 | 35·3 | 890 | 265·0 |
| 1944 | 90,476 | 3,709 | 41·0 | 2,511 | 27·8 | 928 | 250·2 |
| **Narsingpur—** | | | | | | | |
| 1940 | 47,943 | 1,951 | 40·7 | 1,302 | 27·2 | 460 | 238·9 |
| 1941 | 48,700 | 1,818 | 37·3 | 1,740 | 22·6 | 460 | 231·0 |
| 1942 | 49,457 | 1,879 | 40·0 | 1,104 | 35·0 | 455 | 212·2 |
| 1943 | 50,214 | 1,965 | 38·6 | 1,509 | 28·1 | 450 | 239·5 |
| 1944 | 50,971 | 1,859 | 36·5 | 1,117 | 21·9 | 410 | 220·5 |
| **Nayagarh—** | | | | | | | |
| 1940 | 160,139 | 6,559 | 41·0 | 4,661 | 29·1 | 2,185 | 133·3 |
| 1941 | 162,039 | 5,356 | 33·1 | 5,810 | 35·9 | 1,723 | 321·7 |
| 1942 | 163,939 | 7,306 | 44·6 | 4,761 | 29·0 | 645 | 88·3 |
| 1943 | 165,839 | 6,505 | 39·2 | 5,032 | 30·3 | 1,594 | 245·0 |
| 1944 | 167,739 | 6,463 | 38·5 | 4,475 | 26·7 | 1,413 | 218·6 |
| **Nilgiri—** | | | | | | | |
| 1941 | 73,266 | 1,535 | 21·0 | 1,583 | 21·6 | 213 | 138·8 |
| 1942 | 73,712 | 1,480 | 20·1 | 1,133 | 15·4 | 337 | 227·7 |
| 1943 | 74,164 | 1,541 | 20·8 | 1,468 | 19·8 | 324 | 210·3 |
| 1944 | 74,616 | 1,454 | 19·5 | 1,088 | 22·6 | 234 | 160·9 |
| **Mayurbhanj—** | | | | | | | |
| 1940 | 984,215 | 29,545 | 30·0 | 19,698 | 20·0 | 4,094 | 138·6 |
| 1941 | 994,352 | 28,355 | 28·5 | 20,520 | 20·6 | 3,771 | 133·0 |
| 1942 | 1,004,489 | 28,758 | 28·6 | 18,163 | 18·1 | 1,684 | 58·6 |
| 1943 | 1,014,626 | 23,324 | 23·0 | 20,942 | 20·6 | 3,467 | 148·6 |
| 1944 | 1,024,763 | 19,205 | 18·7 | 20,305 | 19·8 | 2,601 | 135·4 |
| **Bamra—** | | | | | | | |
| 1940 | 176,462 | 6,211 | 35·2 | 4,892 | 27·7 | 1,231 | 198·2 |
| 1941 | 179,185 | 5,496 | 30·7 | 5,256 | 29·3 | 754 | 137·2 |
| 1942 | 181,908 | 6,313 | 34·7 | 4,658 | 25·6 | 1,326 | 210·0 |
| 1943 | 184,631 | 6,278 | 34·0 | 4,831 | 26·2 | 1,420 | 226·2 |
| 1944 | 187,354 | 6,846 | 36·5 | 4,734 | 25·3 | 1,325 | 193·5 |
| **Gangpur—** | | | | | | | |
| 1940 | 395,407 | 12,897 | 32·6 | 7,986 | 20·2 | 1,470 | 114·0 |
| 1941 | 399,557 | 13,798 | 34·5 | 9,406 | 23·5 | 3,932 | 285·0 |
| 1942 | 403,707 | 13,092 | 32·4 | 8,601 | 21·3 | 1,301 | 99·4 |
| 1943 | 407,857 | 11,611 | 28·5 | 7,765 | 19·0 | 1,034 | 89·0 |
| 1944 | 412,007 | 12,327 | 29·9 | 8,296 | 20·1 | 1,269 | 102·9 |
| **Keonjhar—** | | | | | | | |
| 1940 | 525,174 | 9,083 | 17·3 | 5,146 | 9·8 | 1,329 | 146·3 |
| 1941 | 532,092 | 18,491 | 34·8 | 12,314 | 23·1 | 3,054 | 165·2 |
| 1942 | 539,010 | 19,387 | 36·0 | 10,718 | 19·5 | 2,674 | 137·9 |
| 1943 | 545,928 | 16,986 | 31·1 | 11,535 | 21·1 | 2,315 | 136·3 |
| 1944 | 552,846 | 15,543 | 28·1 | 11,755 | 21·3 | 2,318 | 149·1 |
| **Cooch Behar—** | | | | | | | |
| 1940 | 637,515 | 15,839 | 24·8 | 13,387 | 21·0 | * | * |
| 1941 | 642,511 | 15,550 | 24·2 | 13,892 | 21·6 | 1,846 | 118·7 |
| 1942 | 647,507 | 14,764 | 22·8 | 13,307 | 20·6 | 2,123 | 143·8 |
| 1943 | 652,503 | 14,818 | 22·7 | 15,490 | 23·7 | 1,024 | 69·1 |
| 1944 | 657,499 | 5,776 | 8·8 | 16,567 | 25·1 | 996 | 172·4 |

* Not available.

TABLE 15.—VITAL STATISTICS FOR INDIAN STATES—*contd.*

| | Estimated Population. | Births. | Birth rate per mille. | Deaths. | Death rate per mille. | Deaths under one year. | Infantile mortality per 1,000 births. |
|---|---|---|---|---|---|---|---|
| EASTERN STATES— | | | | | | | |
| Bastar— | | | | | | | |
| 1940 | 626,613 | 19,215 | 30·7 | 9,616 | 15·3 | 1,930 | 100·4 |
| 1941 | 637,530 | 17,725 | 27·8 | 11,107 | 17·5 | 1,100 | 62·1 |
| 1942 | 648,447 | 17,937 | 27·7 | 10,148 | 15·6 | 1,343 | 74·9 |
| 1943 | 659,364 | 17,965 | 27·2 | 12,228 | 18·5 | 1,928 | 107·3 |
| 1944 | 670,281 | 21,062 | 31·4 | 14,783 | 22·1 | 1,963 | 93·2 |
| Kanker— | | | | | | | |
| 1940 | 148,580 | 5,461 | 36·8 | 2,590 | 17·4 | 619 | 113·3 |
| 1941 | 149,917 | 5,090 | 34·0 | 2,987 | 19·9 | 618 | 121·4 |
| 1942 | 151,254 | 5,031 | 33·3 | 3,488 | 23·1 | 292 | 58·0 |
| 1943 | 152,591 | 4,250 | 27·9 | 2,680 | 17·6 | 265 | 62·4 |
| 1944 | 153,928 | 5,167 | 33·6 | 3,904 | 25·4 | 602 | 116·5 |
| Patna— | | | | | | | |
| 1940 | 627,871 | 24,375 | 38·8 | 16,006 | 25·5 | 4,934 | 202·4 |
| 1941 | 634,401 | 21,967 | 34·6 | 20,655 | 32·6 | 4,850 | 220·8 |
| 1942 | 640,931 | 24,260 | 37·9 | 25,275 | 39·4 | 1,177 | 48·5 |
| 1943 | 647,461 | 21,779 | 33·6 | 16,267 | 25·1 | 4,278 | 196·4 |
| 1944 | 653,991 | 27,156 | 41·5 | 16,956 | 25·9 | 5,938 | 218·7 |
| Raigarh— | | | | | | | |
| 1940 | 310,301 | 9,467 | 30·5 | 5,962 | 19·2 | 1,554 | 164·1 |
| 1941 | 313,808 | 9,820 | 31·3 | 7,684 | 24·5 | * | * |
| 1942 | 317,315 | 9,919 | 31·3 | 7,608 | 24·0 | 1,592 | 160·5 |
| 1943 | 320,822 | 9,753 | 30·4 | 6,386 | 19·9 | 1,389 | 142·4 |
| 1944 | 324,329 | 8,368 | 25·8 | 6,956 | 21·4 | 1,742 | 208·2 |
| Sakti— | | | | | | | |
| 1940 | 54,117 | 1,900 | 35·1 | 1,292 | 23·9 | 382 | 201·1 |
| 1941 | 54,720 | 1,953 | 35·7 | 1,541 | 28·2 | 450 | 230·4 |
| 1942 | 55,323 | 2,248 | 40·6 | 1,630 | 29·5 | 502 | 223·3 |
| 1943 | 55,926 | 1,987 | 35·5 | 1,739 | 31·1 | 502 | 252·6 |
| 1944 | 56,529 | 1,935 | 34·2 | * | * | 644 | 332·8 |
| Udaipur— | | | | | | | |
| 1940 | 116,955 | 3,695 | 31·6 | 2,411 | 20·6 | 734 | 198·6 |
| 1941 | 119,014 | 4,157 | 34·9 | 2,239 | 18·8 | 540 | 129·9 |
| 1942 | 121,073 | 3,950 | 32·6 | 2,587 | 21·4 | 636 | 161·0 |
| 1943 | 123,132 | 3,656 | 29·7 | 2,287 | 18·6 | 611 | 167·1 |
| 1944 | 125,191 | 3,718 | 29·7 | 2,975 | 23·8 | 856 | 230·2 |
| CENTRAL INDIA AGENCY. | | | | | | | |
| Bhopal— | | | | | | | |
| 1940 | 781,631 | 24,487 | 31·3 | 18,788 | 24·0 | 5,578 | 227·8 |
| 1941 | 787,168 | 45,660 | 58·0 | 41,138 | 52·3 | * | * |
| 1942 | 792,705 | 14,534 | 18·3 | 19,003 | 24·0 | 5,207 | 358·3 |
| 1943 | 798,242 | 21,203 | 26·6 | 18,017 | 22·6 | 5,496 | 259·2 |
| 1944 | 803,779 | 22,308 | 27·8 | 17,250 | 21·5 | 4,535 | 203·3 |
| BARODA & GUJARAT STATES AGENCY. | | | | | | | |
| Baroda— | | | | | | | |
| 1940 | 3,393,550 | 110,622 | 34·2 | 65,519 | 19·3 | 14,949 | 135·1 |
| 1941 | 3,495,394 | 106,868 | 30·6 | 65,926 | 18·8 | 14,515 | 135·8 |
| 1942 | 3,597,238 | 105,703 | 29·4 | 72,275 | 20·0 | 13,050 | 123·5 |
| 1943 | 3,699,082 | 92,676 | 25·0 | 60,692 | 16·4 | 9,178 | 99·0 |
| 1944 | 3,800,926 | 99,767 | 26·4 | 69,757 | 18·3 | 10,941 | 113·1 |
| Cambay— | | | | | | | |
| 1940 | 96,002 | 3,788 | 39·5 | 2,532 | 26·4 | 819 | 216·2 |
| 1941 | 96,885 | 3,653 | 37·7 | 2,894 | 29·9 | 826 | 226·1 |
| 1942 | 97,768 | 3,773 | 38·6 | 3,400 | 34·8 | 1,025 | 271·7 |
| 1943 | 98,651 | 3,380 | 34·3 | 2,986 | 30·3 | 788 | 233·1 |
| 1944 | 99,534 | 3,482 | 35·0 | 3,594 | 36·1 | 909 | 261·1 |

* Figures not available.

TABLE 15.—VITAL STATISTICS FOR INDIAN STATES– *contd.*

| | Estimated Population. | Births. | Birth rate per mille. | Deaths. | Death rate per mille. | Deaths under one year. | Infantile mortality per 1,000 births. |
|---|---|---|---|---|---|---|---|
| BARODA & GUJARAT STATES AGENCY— | | | | | | | |
| Chhota Udepur— | | | | | | | |
| 1940 | 161,008 | 2,388 | 14·8 | 1,508 | 9·4 | 194 | 81·2 |
| 1941 | 162,762 | 3,840 | 23·6 | 1,467 | 9·0 | 168 | 43·8 |
| 1942 | 164,516 | 4,047 | 24·4 | 4,249 | 25·8 | 326 | 80·5 |
| 1943 | 166,270 | 3,338 | 20·0 | 1,597 | 9·6 | 124 | 37·1 |
| 1944 | 168,024 | 3,803 | 22·1 | 2,119 | 12·6 | 202 | 53·1 |
| Dharampur— | | | | | | | |
| 1940 | 122,578 | 1,791 | 14·6 | 780 | 6·4 | 80 | 44·7 |
| 1941 | 123,708 | 2,955 | 23·8 | 1,495 | 12·1 | 103 | 34·8 |
| 1942 | 124,838 | 2,710 | 21·7 | 1,518 | 12·1 | 77 | 28·4 |
| 1943 | 125,968 | 2,320 | 18·4 | 1,597 | 12·6 | 80 | 34·4 |
| 1944 | 127,098 | 3,526 | 27·7 | 2,044 | 16·1 | 81 | 23·0 |
| Lunawada— | | | | | | | |
| 1940 | 104,645 | 1,908 | 18·2 | 1,181 | 11·3 | 188 | 98·5 |
| 1941 | 105,661 | 1,470 | 13·9 | 1,341 | 12·7 | 92 | 62·5 |
| 1942 | 106,677 | 1,772 | 12·4 | 1,369 | 15·2 | 108 | 60·9 |
| 1943 | 107,693 | 1,957 | 18·1 | 1,343 | 12·5 | 273 | 139·4 |
| 1944 | 108,709 | 1,759 | 16·2 | 1,429 | 13·1 | 204 | 116·0 |
| KOLHAPUR & DECCAN STATES. | | | | | | | |
| Kolhapur— | | | | | | | |
| 1940 | 1,083,053 | 37,727 | 34·8 | 22,153 | 20·5 | 4,837 | 128·2 |
| 1941 | 1,096,544 | 35,444 | 32·3 | 25,303 | 23·1 | * | * |
| 1942 | 1,110,035 | 34,636 | 31·2 | 22,740 | 20·5 | 3,646 | 10 ·3 |
| 1943 | 1,123,526 | 32,287 | 28·7 | 24,820 | 22·1 | 3,394 | 105·1 |
| 1944 | 1,137,017 | 38,102 | 33·5 | 24,528 | 21·6 | 3,978 | 104·4 |
| Akalkot— | | | | | | | |
| 1940 | 103,152 | 3,078 | 29·8 | 2,846 | 27·6 | 215 | 66·9 |
| 1941 | 104,282 | 3,157 | 30·3 | 2,783 | 26·7 | 209 | 66·2 |
| 1942 | 105,412 | 3,935 | 37·3 | 2,838 | 26·9 | 230 | 58·4 |
| 1943 | 106,542 | 3,956 | 37·1 | 3,099 | 29·1 | 293 | 74·1 |
| 1944 | 107,672 | 3,525 | 32·7 | 2,105 | 19·6 | 251 | 71·2 |
| Jamkhandi— | | | | | | | |
| 1940 | 125,472 | 4,823 | 38·4 | 3,074 | 24·5 | 726 | 150·5 |
| 1941 | 126,672 | 4,929 | 38·9 | 3,306 | 26·1 | 709 | 143·8 |
| 1942 | 127,872 | 4,578 | 35·8 | 3,212 | 25·1 | 661 | 144·3 |
| 1943 | 129,072 | 4,046 | 31·3 | 3,484 | 27·0 | 635 | 156·9 |
| 1944 | 130,272 | 4,058 | 31·1 | 3,202 | 24·6 | 576 | 141·9 |
| Kurundwad (Senior)— | | | | | | | |
| 1942 | 51,997 | 1,897 | 36·5 | 974 | 18·7 | 255 | 134·4 |
| 1941 | 52,832 | 2,001 | 37·8 | 1,260 | 23·8 | 312 | 155·9 |
| 1942 | 53,667 | 1,868 | 34·8 | 1,120 | 20·9 | 221 | 118·3 |
| 1943 | 54,502 | 1,794 | 32·9 | 1,249 | 22·9 | 247 | 137·6 |
| 1944 | 55,337 | 1,935 | 35·0 | 1,144 | 20·7 | 228 | 117·8 |
| Kurundwad (Junior)— | | | | | | | |
| 1943 | 48,253 | 1,728 | 35·8 | 1,039 | 21·5 | 199 | 115·1 |
| 1944* | .. | .. | .. | .. | .. | .. | .. |
| Miraj (Senior)— | | | | | | | |
| 1940 | 107,574 | 2,891 | 26·8 | 2,492 | 23·2 | 548 | 189·5 |
| 1941 | 109,035 | 2,664 | 24·4 | 2,548 | 23·3 | 463 | 173·7 |
| 1942* | .. | .. | .. | .. | .. | .. | .. |
| 1943 | 111,957 | 2,291 | 20·5 | 1,943 | 17·3 | 296 | 129·2 |
| 1944 | 113,418 | 2,922 | 25·8 | 2,372 | 20·9 | 383 | 131·1 |
| Miraj (Junior)— | | | | | | | |
| 1943 | 47,603 | 1,502 | 31·6 | 1,067 | 22·4 | 187 | 124·4 |
| 1944 | 48,164 | 2,922 | 60·6 | 2,372 | 49·2 | 383 | 131·1 |

* Figures not available.

TABLE 15.—VITAL STATISTICS FOR INDIAN STATES—*contd.*

| | Estimated Population. | Births. | Birth rate per mille. | Deaths. | Death rate per mille. | Deaths under one year. | Infantile mortality per 1,000 births. |
|---|---|---|---|---|---|---|---|
| WESTERN INDIA STATES AGENCY. | | | | | | | |
| Nawanagar—† | | | | | | | |
| 1940 . . . | 497,681 | 2,830 | 56·8 | 1,611 | 3·2 | 357 | 126·1 |
| 1941 . . . | 507,162 | 3,115 | 61·3 | 1,309 | 2·6 | 219 | 70·3 |
| 1942 . . . | 516,643 | 3,211 | 62·2 | 1,664 | 3·2 | 282 | 87·8 |
| 1943 . . . | 526,174 | 2,767 | 52·5 | 1,925 | 3·7 | 292 | 105·5 |
| 1944 . . . | 535,605 | 2,440 | 45·6 | 1,762 | 3·3 | 299 | 122·5 |
| Jafrabad— | | | | | | | |
| 1940 . . . | 13,716 | 540 | 39·3 | 424 | 30·9 | 82 | 151·8 |
| 1941 . . . | 13,891 | 550 | 39·5 | 347 | 24·9 | 199 | 361·8 |
| 1942 . . . | 14,066 | 539 | 38·3 | 413 | 29·3 | 77 | 142·8 |
| 1943* . . . | .. | .. | .. | .. | .. | .. | .. |
| 1944* . . . | .. | .. | .. | .. | .. | .. | .. |
| U. P. STATES. | | | | | | | |
| Benares— | | | | | | | |
| 1940 . . . | 447,421 | 12,132 | 27·1 | 7,796 | 17·4 | 1,605 | 132·2 |
| 1941 . . . | 453,437 | 12,300 | 27·1 | 8,149 | 17·9 | 3,016 | 245·2 |
| 1942 . . . | 459,453 | 7,449 | 16·2 | 7,384 | 16·1 | 359 | 48·2 |
| 1943 . . . | 465,469 | 6,989 | 15·0 | 7,479 | 16·1 | 387 | 55·4 |
| 1944 . . . | 471,485 | 7,240 | 15·3 | 6,226 | 13·2 | 336 | 46·4 |
| PUNJAB STATES. | | | | | | | |
| Nabha— | | | | | | | |
| 1940 . . . | 336,546 | 7,790 | 23·1 | 4,785 | 14·2 | 257 | 33·0 |
| 1941 . . . | 341,793 | 8,970 | 26·2 | 6,323 | 18·5 | 1,106 | 123·3 |
| 1942 . . . | 347,040 | 10,783 | 31·0 | 9,033 | 26·0 | 1,812 | 168·1 |
| 1943 . . . | 352,287 | 8,935 | 25·4 | 7,430 | 21·1 | 1,215 | 136·0 |
| 1944 . . . | 357,534 | 11,498 | 32·1 | 7,453 | 20·8 | 609 | 53·0 |
| Sirmoor— | | | | | | | |
| 1940 . . . | 155,531 | 2,186 | 14·1 | 1,958 | 12·6 | 344 | 157·3 |
| 1941 . . . | 156,277 | 2,729 | 17·2 | 2,296 | 14·7 | 364 | 133·3 |
| 1942 . . . | 157,023 | 2,376 | 15·1 | 2,124 | 13·5 | 208 | 87·5 |
| 1943 . . . | 157,769 | 2,328 | 14·8 | 1,931 | 12·2 | 274 | 117·6 |
| 1944 . . . | 158,515 | 2,231 | 14·1 | 1,936 | 12·2 | 284 | 127·2 |
| Bilaspur— | | | | | | | |
| 1940 . . . | 109,711 | 3,421 | 31·2 | 2,727 | 24·9 | 543 | 158·7 |
| 1941 . . . | 110,645 | 3,545 | 32·0 | 3,081 | 27·8 | 896 | 252·7 |
| 1942 . . . | 111,579 | 3,622 | 32·5 | 2,522 | 22·6 | 334 | 92·2 |
| 1943 . . . | 112,513 | 3,053 | 27·1 | 2,354 | 20·9 | 333 | 109·1 |
| 1944 . . . | 113,447 | 3,469 | 30·6 | 2,098 | 18·5 | 508 | 148·4 |
| Mandi— | | | | | | | |
| 1940 . . . | 230,920 | 6,968 | 30·2 | 4,508 | 19·2 | 826 | 118·5 |
| 1941 . . . | 233,433 | 7,615 | 32·6 | 4,902 | 21·0 | 967 | 127·0 |
| 1942 . . . | 235,946 | 6,756 | 28·6 | 5,100 | 21·6 | 1,055 | 155·4 |
| 1943 . . . | 238,459 | 7,481 | 31·1 | 4,586 | 19·2 | 928 | 125·0 |
| 1944 . . . | 240,972 | 7,778 | 32·3 | 4,245 | 17·6 | 860 | 110·6 |

* Figures not available.

† For urban areas only.

TABLE 15.—VITAL STATISTICS FOR INDIAN STATES—*contd.*

| State. | Estimated population. | Births. | Birth rate per mille. | Deaths. | Death rate per mille. | Deaths under one year. | Infantile mortality per 1,000 births. |
|---|---|---|---|---|---|---|---|
| PUNJAB STATES—*contd.* | | | | | | | |
| Malerkotla— | | | | | | | |
| 1940 . . . | 87,776 | 2,584 | 29·4 | 1,808 | 20·6 | * | * |
| 1941 . . . | 88,280 | 2,602 | 30·8 | 1,221 | 13·8 | * | * |
| 1942 . . . | 88,784 | 2,514 | 28·3 | 1,776 | 20·0 | * | * |
| 1943 . . . | 89,288 | 1,956 | 21·9 | 1,395 | 15·6 | 238 | 121·6 |
| 1944 . . . | 89,792 | 3,011 | 33·5 | 1,395 | 15·5 | 309 | 102·3 |
| Chamba— | | | | | | | |
| 1940 . . . | 167,441 | 1,747 | 10·4 | 1,586 | 9·5 | 204 | 116·7 |
| 1941 . . . | 169,645 | 1,827 | 10·8 | 1,752 | 10·3 | 193 | 105·6 |
| 1942 . . . | 171,849 | 1,688 | 9·8 | 1,626 | 9·5 | 181 | 107·2 |
| 1943 . . . | 174,053 | 1,780 | 10·2 | 1,343 | 7·7 | 140 | 78·7 |
| 1944 . . . | 176,257 | 1,315 | 7·5 | 1,150 | 6·5 | 137 | 104·1 |

* Figures not available.

# SECTION II

TABLE 16.—DEATHS AND RATES PER MILLE FROM CERTAIN

| | Cholera. | | Smallpox. | | Plague. | | Fevers. | |
|---|---|---|---|---|---|---|---|---|
| | Deaths. | Rate per mille. | Deaths. | Rate per mille. | Deaths. | Rate per mille. | Deaths. | Rate per mille. |
| **N.W.F.P.—** | | | | | | | | |
| **1937-41** | | | | | | | | |
| Max. | 1,291 | 0·4 | 1,065 | 0·4 | .. | .. | 50,801 | 16·4 |
| Med. | 99 | 0·03 | 675 | 0·3 | .. | .. | 41,622 | 13·5 |
| Min. | .. | .. | 470 | 0·2 | .. | .. | 34,564 | 11·4 |
| 1940 | 99 | 0·03 | 470 | 0·2 | .. | .. | 42,006 | 14·3 |
| 1941 | 1,291 | 0·4 | 619 | 0·2 | .. | .. | 50,801 | 16·9 |
| 1942 | 5 | 0·00 | 172 | 0·06 | .. | .. | 41,768 | 13·6 |
| 1943 | 83 | 0·03 | 198 | 0·06 | .. | .. | 40,493 | 13·0 |
| 1944 | 90 | 0·3 | 610 | 0·2 | .. | .. | 36,707 | 11·5 |
| **Punjab—** | | | | | | | | |
| **1937-41** | | | | | | | | |
| Max. | 5,760 | 0·2 | 5,455 | 0·2 | 4 | .. | 528,635 | 18·5 |
| Med. | 198 | 0·00 | 4,074 | 0·2 | .. | .. | 410,198 | 15·4 |
| Min. | 19 | 0·00 | 1,492 | 0·05 | .. | .. | 376,803 | 14·5 |
| 1940 | 198 | 0·01 | 4,074 | 0·1 | .. | .. | 473,641 | 16·9 |
| 1941 | 1,099 | 0·04 | 1,492 | 0·05 | .. | .. | 528,635 | 18·5 |
| 1942 | 32 | 0·00 | 754 | 0·03 | .. | .. | 651,259 | 22·4 |
| 1943 | 803 | 0·03 | 784 | 0·03 | 1 | 0·00 | 579,923 | 19·7 |
| 1944 | 2,317 | 0·08 | 2,068 | 0·07 | 61 | 0·00 | 591,303 | 19·7 |
| **Delhi—** | | | | | | | | |
| **1937-41** | | | | | | | | |
| Max. | 182 | 0·3 | 643 | 1·0 | .. | .. | 9,279 | 13·3 |
| Med. | 60 | 0·06 | 152 | 0·2 | .. | .. | 4,856 | 6·8 |
| Min. | .. | .. | 66 | 0·07 | .. | .. | 3,906 | 4·3 |
| 1940 | 5 | 0·01 | 152 | 0·2 | .. | .. | 3,906 | 4·3 |
| 1941 | 60 | 0·06 | 66 | 0·07 | .. | .. | 4,007 | 4·3 |
| 1942 | .. | .. | 25 | 0·03 | .. | .. | 5,364 | 5·6 |
| 1943 | 4 | 0·00 | 624 | 0·6 | .. | .. | 4,910 | 5·0 |
| 1944 | 277 | 0·3 | 482 | 0·5 | 3 | 0·00 | 5,158 | 5·1 |
| **U.P.—** | | | | | | | | |
| **1937-41** | | | | | | | | |
| Max. | 70,622 | 1·3 | 15,861 | 0·3 | 24,036 | 0·5 | 940,469 | 17·7 |
| Med. | 27,732 | 0·5 | 10,205 | 0·2 | 13,436 | 0·3 | 813,622 | 15·1 |
| Min. | 6,341 | 0·1 | 3,200 | 0·06 | 4,035 | 0·07 | 792,263 | 14·5 |
| 1940 | 26,099 | 0·5 | 15,861 | 0·3 | 11,725 | 0·2 | 813,622 | 14·9 |
| 1941 | 52,540 | 0·9 | 13,161 | 0·2 | 4,035 | 0·07 | 802,931 | 14·5 |
| 1942 | 7,662 | 0·1 | 4,479 | 0·08 | 8,953 | 0·2 | 833,853 | 14·9 |
| 1943 | 25,705 | 0·5 | 5,928 | 0·1 | 7,556 | 0·1 | 884,071 | 15·6 |
| 1944 | 40,291 | 0·7 | 10,066 | 0·2 | 15,454 | 0·3 | 846,861 | 14·8 |
| **Bihar—** | | | | | | | | |
| **1937-41** | | | | | | | | |
| Max. | 51,655 | 1·4 | 18,384 | 0·5 | 1,938 | 0·1 | 615,966 | 17·6 |
| Med. | 16,771 | 0·5 | 8,362 | 0·2 | 1,470 | 0·03 | 584,873 | 16·9 |
| Min. | 13,949 | 0·4 | 5,977 | 0·2 | 129 | 0·00 | 540,186 | 14·8 |
| 1940 | 18,929 | 0·5 | 18,384 | 0·5 | 1,040 | 0·03 | 572,371 | 15·9 |
| 1941 | 51,655 | 1·4 | 14,598 | 0·4 | 129 | 0·00 | 540,165 | 14·8 |
| 1942 | 26,016 | 0·7 | 4,813 | 0·1 | 108 | 0·00 | 449,297 | 12·2 |
| 1943 | 51,584 | 1·4 | 3,066 | 0·08 | 266 | 0·01 | 461,746 | 12·4 |
| 1944 | 149,930 | 4·0 | 10,992 | 0·3 | 834 | 0·02 | 588,940 | 15·8 |
| **Orissa—** | | | | | | | | |
| **1937-41** | | | | | | | | |
| Max. | 11,141 | 1·5 | 6,156 | 0·8 | .. | .. | 113,610 | 15·7 |
| Med. | 5,076 | 0·7 | 3,350 | 0·5 | .. | .. | 105,931 | 14·3 |
| Min. | 1,309 | 0·2 | 2,269 | 0·3 | .. | .. | 90,213 | 12·1 |
| 1940 | 3,893 | 0·5 | 5,754 | 0·8 | .. | .. | 90,213 | 12·1 |
| 1941 | 9,325 | 1·2 | 6,156 | 0·8 | .. | .. | 107,848 | 14·3 |
| 1942 | 8,908 | 1·2 | 4,165 | 0·6 | .. | .. | 102,998 | 13·6 |
| 1943 | 20,502 | 2·7 | 4,244 | 0·6 | .. | .. | 117,700 | 15·5 |
| 1944 | 18,246 | 2·4 | 8,124 | 1·1 | .. | .. | 129,273 | 17·0 |

## Causes or Groups of Causes of Mortality.

| Dysentery & Diarrhœa. | | Respiratory Diseases. | | Other causes. | | Total. | |
|---|---|---|---|---|---|---|---|
| Deaths. | Rate per mille. | Deaths. | Rate per mille. | Deaths. | Rate per mille. | Deaths. | Rate per m |
| 488 | 0·2 | 3,704 | 1·5 | 6,395 | 2·5 | 53,982 | 21·3 |
| 427 | 0·1 | 3,109 | 1·2 | 5,482 | 2·1 | 50,170 | 19·9 |
| 312 | 0·1 | 2,827 | 0·96 | 5,113 | 1·7 | 44,276 | 17 8 |
| 313 | 0·1 | 2,827 | 1·0 | 5,311 | 1·8 | 51,026 | 17·4 |
| 427 | 0·1 | 3,109 | 1·0 | 5,113 | 1·7 | 61,360 | 20·4 |
| 327 | 0·1 | 2,545 | 0·8 | 4,299 | 1·4 | 49,116 | 16·0 |
| 322 | 0·1 | 2,353 | 0·8 | 4,473 | 1·4 | 47,922 | 15·3 |
| 416 | 0·1 | 2,255 | 0·7 | 4,466 | 1·4 | 44,544 | 13·9 |
| 12,952 | 0·5 | 79,775 | 2·9 | 111,571 | 4·2 | 704,453 | 24·7 |
| 12,046 | 0·45 | 67,303 | 2·4 | 99,922 | 3·7 | 622,699 | 23·4 |
| 11,470 | 0·4 | 58,957 | 2·2 | 96,179 | 3·4 | 556,268 | 21·3 |
| 12,720 | 0·5 | 67,303 | 2·4 | 100,032 | 3·6 | 657,968 | 23·5 |
| 12,952 | 0·5 | 64,096 | 2·2 | 96,179 | 3·4 | 704,453 | 24·7 |
| 16,488 | 0·6 | 57,068 | 1·9 | 96,940 | 3·3 | 822,541 | 28·3 |
| 12,517 | 0·4 | 60,699 | 2·1 | 82,543 | 2·8 | 737,270 | 25·0 |
| 10,316 | 0·3 | 66,410 | 2·2 | 85,748 | 2·8 | 758,223 | 25·3 |
| 2,141 | 2·3 | 6,282 | 8·1 | 6,843 | 7·7 | 19,399 | 23·8 |
| 966 | 1·4 | 5,763 | 6·8 | 5,592 | 6·7 | 16,900 | 20·9 |
| 512 | 0·7 | 3,679 | 5·3 | 2,517 | 3·6 | 16,630 | 19·7 |
| 1,779 | 1·9 | 6,151 | 6·8 | 5,741 | 6·4 | 17,734 | 19·7 |
| 2,141 | 2·3 | 6,282 | 6·8 | 6,843 | 7·4 | 19,399 | 20·9 |
| 2,733 | 2·9 | 5,690 | 5·95 | 7,507 | 7·9 | 21,319 | 22·3 |
| 2,472 | 2·5 | 6,249 | 6·4 | 8,352 | 8·5 | 22,611 | 23·0 |
| 1,664 | 1·6 | 7,021 | 6·9 | 8,761 | 8·7 | 23,366 | 23·1 |
| 21,015 | 0·4 | 46,957 | 0·9 | 153,078 | 2·9 | 1,249,988 | 23·6 |
| 17,897 | 0·3 | 41,523 | 0·8 | 132,821 | 2·6 | 1,064,908 | 19·8 |
| 16,238 | 0·3 | 40,293 | 0·7 | 130,343 | 2·4 | 1,035,003 | 19·3 |
| 16,238 | 0·3 | 40,293 | 0·7 | 130,343 | 2·4 | 1,054,181 | 19·3 |
| 17,897 | 0·3 | 41,523 | 0·8 | 132,821 | 2.4 | 1,064,908 | 19·8 |
| 16,595 | 0·3 | 38,116 | 0·7 | 123,771 | 2·2 | 1,033,429 | 18·5 |
| 17,040 | 0·3 | 36,901 | 0·7 | 110,244 | 1·9 | 1,087,445 | 19·2 |
| 17,340 | 0·3 | 37,226 | 0·7 | 105,174 | 1·8 | 1,072,412 | 18·7 |
| 4,141 | 0·1 | 3,306 | 0·1 | 118,436 | 3·3 | 763,733 | 21·8 |
| 3,726 | 0·09 | 3,040 | 0·1 | 108,547 | 3·1 | 729,454 | 21·0 |
| 3,328 | 0·09 | 2,442 | 0·07 | 100,541 | 2·8 | 712,848 | 19·5 |
| 2,817 | 0·08 | 2,791 | 0·08 | 103,574 | 2·9 | 719,906 | 20·0 |
| 3,328 | 0·09 | 2,442 | 0·07 | 100,541 | 2·8 | 712,848 | 19·5 |
| 2,984 | 0·08 | 1,957 | 0·05 | 83,736 | 2·3 | 568,905 | 15·9 |
| 2,892 | 0·08 | 1,971 | 0·05 | 72,659 | 1·9 | 594,184 | 16·0 |
| 3,841 | 0·1 | 2,618 | 0·07 | 79,535 | 2·1 | 836,690 | 22·5 |
| 20,147 | 2·7 | 5,116 | 0·7 | 65,534 | 9·0 | 213,274 | 28·8 |
| 17,403 | 2·4 | 4,885 | 0·7 | 63,810 | 8·6 | 199,312 | 27·6 |
| 12,998 | 1·7 | 4,590 | 0·6 | 57,405 | 7·7 | 174,853 | 23·4 |
| 12,998 | 1·7 | 4,590 | 0·6 | 57,405 | 7·7 | 174,853 | 23·4 |
| 20,147 | 2·7 | 5,116 | 0·7 | 64,682 | 8·6 | 213,274 | 28·4 |
| 15,636 | 2·1 | 4,596 | 0·6 | 58,424 | 7·7 | 194,726 | 25·7 |
| 19,165 | 2·5 | 4,821 | 0·6 | 67,152 | 8·8 | 233,584 | 30·7 |
| 18,803 | 2·5 | 4,613 | 0·6 | 56,522 | 7·4 | 235,581 | 31·0 |

TABLE 16.—DEATHS AND RATES PER MILLE FROM CERTAIN

| | Cholera. | | Smallpox. | | Plague. | | Fevers. | |
|---|---|---|---|---|---|---|---|---|
| | Deaths. | Rate per mille. | Deaths. | Rate per mille. | Deaths. | Rate per mille. | Deaths. | Rate per mille. |
| **Bengal—** | | | | | | | | |
| **1937-41** | | | | | | | | |
| Max. | 71,133 | 1·4 | 27,944 | 0·5 | 2 | .. | 819,763 | 15·6 |
| Med. | 33,221 | 0·6 | 13,250 | 0·2 | 1 | .. | 732,884 | 13·1 |
| Min. | 21,743 | 0·4 | 5,608 | 0·09 | .. | .. | 687,587 | 12·1 |
| 1940 | 21,743 | 0·4 | 5,608 | 0·09 | 1 | 0·00 | 717,516 | 12·1 |
| 1941 | 61,879 | 1·0 | 13,250 | 0·2 | 2 | 0·00 | 732,884 | 12·1 |
| 1942 | 78,391 | 1·3 | 4,781 | 0·08 | .. | .. | 782,312 | 12·7 |
| 1943 | 216,428 | 3·5 | 22,019 | 0·4 | .. | .. | 1,142,684 | 16·6 |
| 1944 | 49,469 | 0·8 | 140,480 | 2·3 | 3 | 0·00 | 1,137,040 | 18·5 |
| **C. P.—** | | | | | | | | |
| **1937-41** | | | | | | | | |
| Max. | 45,332 | 2·7 | 4,607 | 0·3 | 1,002 | 0·1 | 322,404 | 19·2 |
| Med. | 4,974 | 0·3 | 762 | 0·03 | 761 | 0·05 | 300,322 | 17·9 |
| Min. | 1,107 | 0·07 | 460 | 0·02 | 283 | 0·02 | 282,359 | 17·0 |
| 1940 | 4,974 | 0·3 | 4,607 | 0·3 | 283 | 0·02 | 291,933 | 17·5 |
| 1941 | 14,161 | 0·8 | 2,746 | 0·2 | 761 | 0·05 | 302,442 | 17·9 |
| 1942 | 21,177 | 1·2 | 1,210 | 0·07 | 129 | 0·01 | 320,986 | 18·9 |
| 1943 | 1,466 | 0·09 | 1,396 | 0·08 | 144 | 0·01 | 286,885 | 16·7 |
| 1944 | 9,374 | 0·5 | 3,877 | 0·2 | 910 | 0·05 | 307,014 | 17·8 |
| **Bombay—** | | | | | | | | |
| **1937-41** | | | | | | | | |
| Max. | 16,706 | 0·8 | 10,525 | 0·5 | 5,573 | 0·3 | 186,363 | 9·5 |
| Med. | 3,813 | 0·2 | 4,355 | 0·2 | 1,472 | 0·1 | 172,858 | 8·5 |
| Min. | 716 | 0·03 | 1,810 | 0·09 | 406 | 0·02 | 164,130 | 8·4 |
| 1940 | 716 | 0·03 | 10,525 | 0·5 | 5,573 | 0·3 | 172,858 | 8·4 |
| 1941 | 16,706 | 0·8 | 3,784 | 0·2 | 5,311 | 0·3 | 180,929 | 8·7 |
| 1942 | 11,095 | 0·5 | 2,744 | 0·1 | 680 | 0·03 | 188,356 | 8·9 |
| 1943 | 10,780 | 0·5 | 3,898 | 0·2 | 715 | 0·03 | 180,489 | 8·4 |
| 1944 | 1,639 | 0·08 | 7,212 | 0·3 | 2,514 | 0·1 | 215,027 | 9·9 |
| **Sind—** | | | | | | | | |
| **1937-41** | | | | | | | | |
| Max. | 3,152 | 0·7 | 1,008 | 0·2 | 16 | 0·04 | 35,693 | 7·9 |
| Med. | 227 | 0·05 | 798 | 0·2 | .. | .. | 27,970 | 6·5 |
| Min. | 2 | 0·0 | 223 | 0·05 | .. | .. | 23,973 | 5·5 |
| 1940 | 227 | 0·05 | 1,008 | 0·2 | .. | .. | 29,260 | 6·5 |
| 1941 | 3,152 | 0·7 | 223 | 0·05 | .. | .. | 35,693 | 7·9 |
| 1942 | 2 | 0·0 | 151 | 0·03 | .. | .. | 29,593 | 6·4 |
| 1943 | 18 | 0·0 | 392 | 0·08 | .. | .. | 32,036 | 6·9 |
| 1944 | 244 | 0·05 | 695 | 0·2 | .. | .. | 32,150 | 6·8 |
| **Madras—** | | | | | | | | |
| **1937-41** | | | | | | | | |
| Max. | 23,307 | 0·5 | 4,310 | 0·1 | 1,726 | 0·04 | 307,942 | 6·3 |
| Med. | 8,510 | 0·2 | 2,755 | 0·06 | 1,155 | 0·02 | 301,127 | 6·1 |
| Min. | 2,115 | 0·0 | 2,273 | 0·05 | 324 | 0·0 | 282,708 | 5·9 |
| 1940 | 6,418 | 0·1 | 4,310 | 0·09 | 1,169 | 0·02 | 301,127 | 6·2 |
| 1941 | 8,510 | 0·2 | 2,755 | 0·06 | 1,726 | 0·04 | 301,517 | 6·1 |
| 1942 | 52,380 | 1·1 | 3,413 | 0·07 | 701 | 0·01 | 287,944 | 5·8 |
| 1943 | 117,039 | 2·3 | 7,925 | 0·2 | 4,885 | 0·1 | 301,775 | 6·0 |
| 1944 | 18,318 | 0·4 | 19,776 | 0·4 | 1,738 | 0·03 | 344,315 | 6·8 |
| **Coorg—** | | | | | | | | |
| **1937-41** | | | | | | | | |
| Max. | 19 | 0·1 | 53 | 0·3 | 20 | 0·1 | 3,471 | 21·1 |
| Med. | .. | .. | 9 | 0·05 | 8 | 0·05 | 2,864 | 17·5 |
| Min. | .. | .. | 1 | 0·0 | .. | .. | 2,656 | 15·8 |
| 1940 | 19 | 0·1 | 22 | 0·1 | 8 | 0·05 | 2,656 | 15·8 |
| 1941 | 1 | 0·01 | 53 | 0·3 | 20 | 0·1 | 2,725 | 16·1 |
| 1942 | 5 | 0·03 | 113 | 0·7 | 6 | 0·04 | 2,713 | 16·1 |
| 1943 | 1 | 0·01 | 75 | 0·4 | 11 | 0·07 | 2,434 | 14·4 |
| 1944 | .. | .. | 84 | 0·5 | 8 | 0·05 | 2,625 | 15·5 |

## Causes or Groups of Causes of Mortality—*contd.*

| Dysentery & Diarrhœa. | | Respiratory diseases. | | Other Causes. | | Total. | |
|---|---|---|---|---|---|---|---|
| Deaths. | Rate per mille. | Deaths. | Rate per mille. | Deaths. | Rate per mille. | Deaths. | Rate per mille. |
| 69,232 | 1·3 | 99,763 | 1·9 | 246,706 | 4·7 | 1,315,886 | 25·0 |
| 54,453 | 1·0 | 88,458 | 1·7 | 240,659 | 4·2 | 1,184,850 | 20·7 |
| 45,422 | 0·8 | 84,647 | 1·4 | 219,780 | 3·9 | 1,111,082 | 18·7 |
| 45,422 | 0·8 | 85,203 | 1·4 | 235,589 | 3·9 | 1,111,082 | 18·7 |
| 51,529 | 0·9 | 84,647 | 1·4 | 240,659 | 3·9 | 1,184,850 | 19·6 |
| 53,255 | 0·9 | 72,810 | 1·2 | 230,615 | 3·8 | 1,222,164 | 20·0 |
| 95,130 | 1·5 | 77,883 | 1·3 | 354,478 | 5·8 | 1,908,622 | 31·1 |
| 65,337 | 1·1 | 83,254 | 1·4 | 251,287 | 4·1 | 1,726,870 | 28·1 |
| 42,793 | 2·6 | 54,137 | 3·2 | 163,691 | 9·8 | 629,301 | 37·6 |
| 30,435 | 1·8 | 44,131 | 2·6 | 137,137 | 8·2 | 515,300 | 30·7 |
| 25,773 | 1·5 | 41,817 | 2·5 | 134,720 | 8·1 | 500,036 | 30·1 |
| 25,773 | 1·5 | 43,934 | 2·6 | 134,720 | 8·1 | 506,224 | 30·3 |
| 28,492 | 1·7 | 41,817 | 2·5 | 149,493 | 8·9 | 539,912 | 32·0 |
| 30,441 | 1·8 | 41,635 | 2·4 | 151,684 | 8·9 | 567,262 | 33·3 |
| 19,061 | 1·1 | 35,902 | 2·1 | 128,052 | 7·5 | 472,906 | 27·6 |
| 22,774 | 1·3 | 36,715 | 2·1 | 138,854 | 8·0 | 519,518 | 30·0 |
| 34,242 | 1·7 | 125,618 | 6·4 | 201,118 | 9·9 | 547,387 | 27·9 |
| 26,351 | 1·3 | 109,922 | 5·5 | 186,632 | 9·2 | 501,465 | 25·4 |
| 22,165 | 1·1 | 102,996 | 5·0 | 176,189 | 9·0 | 493,208 | 24·3 |
| 22,165 | 1·1 | 102,996 | 5·0 | 186,632 | 9·0 | 501,465 | 24·3 |
| 26,351 | 1·3 | 105,538 | 5·0 | 201,118 | 9·6 | 539,787 | 25·8 |
| 26,376 | 1·2 | 102,134 | 4·8 | 185,163 | 8·7 | 516,548 | 24·4 |
| 21,522 | 1·0 | 100,706 | 4·7 | 184,421 | 8·6 | 502,531 | 23·4 |
| 22,493 | 1·0 | 108,398 | 5·0 | 199,178 | 9·2 | 556,461 | 25·6 |
| 1,316 | 0·3 | 9,320 | 2·1 | 12,414 | 2·8 | 59,894 | 13·2 |
| 1,177 | 0·3 | 9,044 | 2·1 | 10,644 | 2·3 | 48,085 | 11·3 |
| 1,131 | 0·3 | 8,444 | 2·0 | 8,359 | 2·0 | 44,779 | 10·4 |
| 1,131 | 0·3 | 9,320 | 2·1 | 12,414 | 2·8 | 53,360 | 11·9 |
| 1,249 | 0·3 | 9,044 | 2·0 | 10,533 | 2·3 | 59,894 | 13·2 |
| 1,124 | 0·2 | 9,831 | 2·1 | 11,458 | 2·5 | 52,159 | 11·3 |
| 1,158 | 0·3 | 9,788 | 2·1 | 9,632 | 2·1 | 53,024 | 11·4 |
| 1,437 | 0·3 | 9,523 | 2·0 | 10,450 | 2·2 | 54,499 | 11·5 |
| 98,464 | 2·0 | 103,766 | 2·1 | 619,099 | 12·6 | 1,135,837 | 23·0 |
| 84,906 | 1·8 | 99,676 | 2·0 | 598,796 | 12·3 | 1,097,940 | 22·5 |
| 74,064 | 1·5 | 95,906 | 2·0 | 560,674 | 11·9 | 1,032,052 | 21·6 |
| 86,444 | 1·8 | 99,676 | 2·0 | 598,796 | 12·3 | 1,097,940 | 22·5 |
| 98,464 | 2·0 | 103,766 | 2·1 | 619,099 | 12·6 | 1,135,837 | 23·0 |
| 88,570 | 1·8 | 96,157 | 1·9 | 590,964 | 11·9 | 1,120,129 | 22·5 |
| 93,446 | 1·9 | 106,271 | 2·1 | 639,346 | 12·7 | 1,270,687 | 25·2 |
| 97,004 | 1·9 | 111,842 | 2·2 | 698,425 | 13·7 | 1,291,418 | 25·4 |
| 151 | 0·9 | 251 | 1·5 | 749 | 4·4 | 4,485 | 27·2 |
| 128 | 0·8 | 182 | 1·1 | 607 | 3·7 | 3,854 | 22·8 |
| 103 | 0·6 | 133 | 0·8 | 464 | 2·8 | 3,453 | 20·5 |
| 151 | 0·9 | 133 | 0·8 | 464 | 2·8 | 3,453 | 20·5 |
| 124 | 0·7 | 182 | 1·1 | 749 | 4·4 | 3,854 | 22·8 |
| 110 | 0·7 | 131 | 0·8 | 769 | 4·6 | 3,847 | 22·8 |
| 90 | 0·5 | 108 | 0·6 | 710 | 4·2 | 3,429 | 20·3 |
| 121 | 0·7 | 97 | 0·6 | 524 | 3·1 | 3,459 | 20·5 |

TABLE 16.—DEATHS AND RATES PER MILLE FROM CERTAIN

| | Cholera. | | Smallpox. | | Plague. | | Fevers. | |
|---|---|---|---|---|---|---|---|---|
| | Deaths. | Rate per mille. | Deaths. | Rate per mille. | Deaths. | Rate per mille. | Deaths. | Rate per mille. |
| **Assam—** | | | | | | | | |
| **1937-41** | | | | | | | | |
| Max. | 11,907 | 1·4 | 2,197 | 0·3 | .. | .. | 109,375 | 13·0 |
| Med. | 5,440 | 0·6 | 1,649 | 0·2 | .. | .. | 103,892 | 12·0 |
| Min. | 2,809 | 0·3 | 345 | 0·04 | .. | .. | 93,677 | 10·1 |
| 1940 | 2,809 | 0·3 | 1,400 | 0·2 | .. | .. | 93,677 | 10·1 |
| 1941 | 7,729 | 0·8 | 345 | 0·04 | .. | .. | 98,204 | 10·4 |
| 1942 | 12,806 | 1·3 | 294 | 0·03 | .. | .. | 87,520 | 9·1 |
| 1943 | 15,454 | 1·6 | 1,692 | 0·2 | .. | .. | 93,939 | 9·6 |
| 1944 | 4,107 | 0·4 | 11,728 | 1·2 | .. | .. | 104,383 | 10·7 |
| **Ajmer-Merwara—** | | | | | | | | |
| **1937-41** | | | | | | | | |
| Max. | 33 | 0·06 | 701 | 1·4 | 2 | 0·0 | 17,286 | 29·9 |
| Med. | 1 | 0·0 | 577 | 1·0 | .. | .. | 8,984 | 15·1 |
| Min. | .. | .. | 59 | 0·1 | .. | .. | 8,570 | 14·1 |
| 1940 | 4 | 0·01 | 701 | 1·4 | .. | .. | 17,286 | 29·9 |
| 1941 | 33 | 0·05 | 59 | 0·1 | .. | .. | 8,770 | 15·0 |
| 1942 | 23 | 0·04 | 23 | 0·04 | .. | .. | 10,282 | 17·3 |
| 1943 | 63 | 0·1 | 133 | 0·2 | .. | .. | 9,666 | 16·1 |
| 1944 | 223 | 0·4 | 344 | 0·6 | .. | .. | 11,347 | 18·6 |
| **British India—** | | | | | | | | |
| **1937-41** | | | | | | | | |
| Max. | 236,143 | 0·9 | 72,876 | 0·25 | 28,169 | 0·12 | 3,883,627 | 14·1 |
| Med. | 99,054 | 0·4 | 54,810 | 0·2 | 19,799 | 0·07 | 3,622,072 | 13·0 |
| Min. | 86,133 | 0·3 | 39,844 | 0·1 | 11,984 | 0·04 | 3,613,376 | 12·3 |
| 1940 | 86,133 | 0·3 | 72,876 | 0·3 | 19,799 | 0·07 | 3,622,072 | 12·3 |
| 1941 | 228,141 | 0·8 | 59,307 | 0·2 | 11,984 | 0·04 | 3,697,541 | 12·6 |
| 1942 | 218,496 | 0·7 | 27,137 | 0·09 | 10,577 | 0·04 | 3,794,24 | 12·7 |
| 1943 | 459,930 | 1·5 | 52,374 | 0·2 | 13,578 | 0·05 | 4,138,157 | 13·8 |
| 1944 | 294,525 | 1·0 | 216,538 | 0·7 | 21,525 | 0·07 | 4,352,143 | 14·4 |

## Causes or Groups of Causes of Mortality *contd.*

| Dysentery & Diarrhœa. | | Respiratory Diseases. | | Other Causes. | | Total. | |
|---|---|---|---|---|---|---|---|
| Deaths. | Rate per mille. | Deaths. | Rate per mille. | Deaths. | Rate per mille. | Deaths. | Rate per mille. |
| : : | | | | | | | |
| 12,882 | 1·5 | 6,874 | 0·8 | 39,725 | 4·7 | 177,767 | 20·9 |
| 11,645 | 1·4 | 5,981 | 0·7 | 38,067 | 4·4 | 164,119 | 19·2 |
| 8,964 | 1·0 | 4,782 | 0·5 | 36,939 | 4·0 | 148,864 | 16·0 |
| 8,964 | 1·0 | 5,075 | 0·5 | 36,939 | 4·0 | 148,864 | 16·0 |
| 9,489 | 1·0 | 4,782 | 0·5 | 38,067 | 4·0 | 158,616 | 16·8 |
| 9,538 | 1·0 | 4,256 | 0·4 | 33,826 | 3·5 | 148,240 | 15·4 |
| 10,577 | 1·1 | 4,816 | 0·5 | 33,113 | 3·4 | 159,591 | 16·3 |
| 11,100 | 1·1 | 4,520 | 0·5 | 31,370 | 3·2 | 167,208 | 17·1 |
| 1,064 | 1·8 | 3,414 | 5·9 | 2,100 | 3·5 | 24,400 | 42·2 |
| 757 | 1·3 | 2,823 | 4·8 | 1,890 | 3·1 | 14,936 | 25·1 |
| 570 | 1·0 | 2,728 | 4·6 | 1,650 | 2·8 | 14,100 | 24·1 |
| 1,064 | 1·8 | 3,414 | 5·9 | 1,931 | 3·3 | 24,400 | 42·2 |
| 791 | 1·3 | 2,797 | 4·8 | 1,650 | 2·8 | 14,100 | 24·1 |
| 746 | 1·3 | 3,026 | 6·8 | 1,828 | 3·1 | 15,928 | 26·8 |
| 561 | 0·9 | 2,670 | 4·4 | 1,887 | 3·1 | 14,980 | 24·9 |
| 540 | 0·9 | 2,542 | 5·8 | 1,886 | 3·1 | 16,882 | 27·7 |
| 292,482 | 1·1 | 536,649 | 1·9 | 1,679,004 | 6·1 | 6,685,120 | 24·3 |
| 267,479 | 0·9 | 487,319 | 1·8 | 1,620,293 | 5·8 | 6,122,456 | 22·2 |
| 237,979 | 0·9 | 473,706 | 1·6 | 1,605,954 | 5·6 | 6,112,375 | 21·1 |
| 237,979 | 0·8 | 473,706 | 1·6 | 1,609,891 | 5·6 | 6,122,456 | 21·1 |
| 273,381 | 0·9 | 475,141 | 1·6 | 1,667,547 | 5·7 | 6,418,042 | 21·8 |
| 264,922 | 0·9 | 439,952 | 1·5 | 1,580,984 | 5·3 | 6,336,313 | 21·3 |
| 295,953 | 1·0 | 451,128 | 1·5 | 1,697,062 | 5·6 | 7,108,786 | 23·6 |
| 273,186 | 0·9 | 477,034 | 1·6 | 1,672,180 | 5·5 | 7,307,131 | 24·1 |

TABLE 17.—DEATHS AND RATES PER MILLE FROM CERTAIN CAUSES OR GROUPS OF CAUSES OF MORTALITY IN RURAL AND URBAN AREAS.

| | CHOLERA. | | | | SMALLPOX. | | | | PLAGUE. | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Rural. | | Urban. | | Rural. | | Urban. | | Rural. | | Urban. | |
| | Deaths. | Rate p.m. | Deaths. | Rate p.m. | Deaths. | Rate p.m. | Deaths. | Rate p.m. | Deaths. | Rate p.m. | Deaths. | Rate p.m. |
| **N. W. F. P.—** | | | | | | | | | | | | |
| 1940 | 99 | 0·04 | .. | .. | 435 | 0·2 | 35 | 0·07 | .. | .. | .. | .. |
| 1941 | 1,090 | 0·4 | 201 | 0·4 | 539 | 0·2 | 80 | 0·2 | .. | .. | .. | .. |
| 1942 | .. | .. | 5 | 0·01 | 79 | 0·03 | 93 | 0·2 | .. | .. | .. | .. |
| 1943 | 49 | 0·02 | 34 | 0·06 | 140 | 0·05 | 58 | 0·1 | .. | .. | .. | .. |
| 1944 | 70 | 0·03 | 20 | 0·03 | 561 | 0·2 | 49 | 0·08 | .. | .. | .. | .. |
| **Punjab—** | | | | | | | | | | | | |
| 1940 | 113 | 0·01 | 85 | 0·02 | 3,385 | 0·1 | 689 | 0·2 | .. | .. | .. | .. |
| 1941 | 707 | 0·03 | 392 | 0·09 | 1,184 | 0·05 | 308 | 0·08 | .. | .. | .. | .. |
| 1942 | 30 | 0·00 | 2 | 0·00 | 603 | 0·02 | 151 | 0·04 | .. | .. | .. | .. |
| 1943 | 485 | 0·02 | 318 | 0·07 | 314 | 0·01 | 470 | 0·1 | .. | .. | 1 | 0·00 |
| 1944 | 1,158 | 0·05 | 1,159 | 0·3 | 1,267 | 0·05 | 801 | 0·2 | 60 | 0·00 | 1 | 0·00 |
| **Delhi—** | | | | | | | | | | | | |
| 1940 | .. | .. | 5 | 0·01 | | 0·01 | 149 | 0·2 | .. | .. | .. | .. |
| 1941 | 22 | 0·09 | 38 | 0·06 | | .. | 66 | 0·09 | .. | .. | .. | .. |
| 1942 | .. | .. | .. | .. | | .. | 25 | 0·04 | .. | .. | .. | .. |
| 1943 | .. | .. | 4 | 0·01 | | 0·01 | 621 | 0·9 | .. | .. | .. | .. |
| 1944 | 23 | 0·09 | 254 | 0·3 | | 0·02 | 478 | 0·6 | .. | .. | 3 | 0·90 |
| **U. P.—** | | | | | | | | | | | | |
| 1940 | 24,277 | 0·5 | 1,822 | 0·3 | 12,09 | 0·2 | 3,765 | 0·6 | 10,790 | 0·2 | 935 | 0·1 |
| 1941 | 49,760 | 1·0 | 2,780 | 0·4 | 11,255 | 0·2 | 1,906 | 0·3 | 3,878 | 0·08 | 157 | 0·02 |
| 1942 | 6,975 | 0·1 | 687 | 0·1 | 3,67? | 008 | 801 | 0·1 | 8,510 | 0·2 | 443 | 0·06 |
| 1943 | 24,118 | 0·5 | 1,587 | 0·2 | 4,85? | 0·1 | 1,070 | 0·2 | 7,168 | 0·2 | 388 | 0·05 |
| 1944 | 35,803 | 0·7 | 4,488 | 0·6 | 8,1? | 0·2 | 1,932 | 0·3 | 13,677 | 0·3 | 1,777 | 0·2 |
| **Bihar—** | | | | | | | | | | | | |
| 1940 | 18,579 | 0·5 | 350 | 0·2 | 17,111 | 0·5 | 1,273 | 0·8 | 994 | 0·03 | 46 | 0·04 |
| 1941 | 50,954 | 1·5 | 701 | 0·4 | 13,910 | 0·4 | 688 | 0·4 | 128 | 0·00 | 1 | 0·00 |
| 1942 | 26,352 | 0·8 | 658 | 0·4 | 4,667 | 0·1 | 146 | 0·09 | 101 | 0·00 | 7 | 0·00 |
| 1943 | 50,837 | 1·4 | 747 | 0·4 | 2,950 | 0·08 | 116 | 0·07 | 262 | 0·01 | — | — |
| 1944 | 148,557 | 4·2 | 1,373 | 0· | 9,837 | 0·3 | 1,155 | 0·7 | 834 | 0·02 | — | — |

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Orissa— | | | | | | | | | | | | | | | | |
| 1940 | 3,792 | 0·5 | 101 | 0·3 | 5,457 | 0·8 | 297 | 0·9 | .. | .. | .. | .. | | | | |
| 1941 | 8,979 | 1·2 | 346 | 1·1 | 6,029 | 0·8 | 127 | 0·4 | .. | .. | .. | .. | | | | |
| 1942 | 8,814 | 1·2 | 94 | 0·3 | 4,127 | 0·6 | 38 | 0·1 | .. | .. | .. | .. | | | | |
| 1943 | 20,122 | 2·8 | 380 | 1·1 | 4,193 | 0·6 | 51 | 0·2 | .. | .. | .. | .. | | | | |
| 1944 | 17,947 | 2·5 | 299 | 0·9 | 7,836 | 1·1 | 288 | 0·8 | .. | .. | .. | .. | | | | |
| Bengal— | | | | | | | | | | | | | | | | |
| 1940 | 19,884 | 0·4 | 1,859 | 0·3 | 3,215 | 0·06 | 2,393 | 0·4 | 1 | 0·00 | .. | .. | | | | |
| 1941 | 57,818 | 1·1 | 4,061 | 0·7 | 6,884 | 0·1 | 6,366 | 1·1 | .. | .. | .. | 2 | 0·00 | | | |
| 1942 | 75,159 | 1·4 | 3,232 | 0·6 | 4,475 | 0·08 | 306 | 0·05 | .. | .. | .. | .. | | | | |
| 1943 | 206,967 | 3·7 | 9,461 | 1·6 | 19,643 | 0·35 | 2,376 | 0·4 | .. | .. | .. | .. | | | | |
| 1944 | 45,050 | 0·8 | 4,419 | 0·8 | 126,287 | 2·3 | 14,193 | 2·4 | .. | .. | | 3 | 0·00 | | | |
| C. P.— | | | | | | | | | | | | | | | | |
| 1940 | 4,591 | 0·3 | 383 | 0·2 | 2,544 | 0·2 | 2,063 | 1·0 | 219 | 0·01 | 64 | 0·03 | | | | |
| 1941 | 13,017 | 0·9 | 1,144 | 0·5 | 2,405 | 0·2 | 341 | 0·2 | 708 | 0·05 | 53 | 0·03 | | | | |
| 1942 | 19,693 | 1·3 | 1,484 | 0·7 | 1,009 | 0·07 | 201 | 0·09 | 125 | 0·01 | 4 | 0·00 | | | | |
| 1943 | 1,329 | 0·09 | 137 | 0·06 | 1,104 | 0·07 | 292 | 0·1 | 117 | 0·01 | 27 | 0·01 | | | | |
| 1944 | 8,423 | 0·6 | 951 | 0·4 | 2,541 | 0·2 | 1,336 | 0·6 | 855 | 0·06 | 55 | 0·02 | | | | |
| Bombay— | | | | | | | | | | | | | | | | |
| 1940 | 622 | 0·04 | 94 | 0·02 | 7,596 | 0·5 | 2,929 | 0·6 | 4,941 | 0·3 | 632 | 0·1 | | | | |
| 1941 | 14,746 | 1·0 | 1,960 | 0·4 | 2,025 | 0·1 | 1,759 | 0·3 | 4,819 | 0·3 | 492 | 0·09 | | | | |
| 1942 | 9,846 | 0·6 | 1,249 | 0·2 | 1,785 | 0·1 | 959 | 0·2 | 585 | 0·04 | 95 | 0·02 | | | | |
| 1943 | 9,555 | 0·6 | 1,225 | 0·2 | 2,283 | 0·1 | 1,615 | 0·3 | 541 | 0·03 | 174 | 0·03 | | | | |
| 1944 | 1,442 | 0·09 | 197 | 0·03 | 4,745 | 0·3 | 2,467 | 0·4 | 2,153 | 0·1 | 361 | 0·04 | | | | |
| Sind— | | | | | | | | | | | | | | | | |
| 1940 | 166 | 0·05 | 61 | 0·07 | 573 | 0·2 | 435 | 0·5 | .. | .. | .. | .. | | | | |
| 1941 | 2,934 | 0·8 | 218 | 0·25 | 159 | 0·04 | 64 | 0·07 | .. | .. | .. | .. | | | | |
| 1942 | 1 | 0·00 | 1 | 0·00 | 63 | 0·02 | 88 | 0·09 | .. | .. | .. | .. | | | | |
| 1943 | 14 | 0·00 | 4 | 0·00 | 172 | 0·05 | 220 | 0·2 | .. | .. | .. | .. | | | | |
| 1944 | 123 | 0·03 | 121 | 0·1 | 357 | 0·09 | 338 | 0·35 | .. | .. | .. | .. | | | | |
| Madras— | | | | | | | | | | | | | | | | |
| 1940 | 5,829 | 0·1 | 589 | 0·08 | 2,896 | 0·07 | 1,414 | 0·2 | 953 | 0·02 | 216 | 0·03 | | | | |
| 1941 | 7,878 | 0·2 | 632 | 0·08 | 1,973 | 0·05 | 782 | 0·09 | 1,602 | 0·06 | 124 | 0·02 | | | | |
| 1942 | 46,300 | 1·1 | 6,080 | 0·8 | 2,971 | 0·07 | 442 | 0·05 | 510 | 0·01 | 101 | 0·02 | | | | |
| 1943 | 99,559 | 2·4 | 17,480 | 2·1 | 6,321 | 0·2 | 1,604 | 0·2 | 3,081 | 0·07 | 1,804 | 0·22 | | | | |
| 1944 | 15,983 | 0·4 | 2,335 | 0·3 | 16,094 | 0·4 | 3,682 | 0·4 | 1,333 | 0·03 | 405 | 0·05 | | | | |

TABLE 17.—DEATHS AND RATES PER MILLE FROM CERTAIN CAUSES OR GROUPS OF CAUSES OF MORTALITY IN RURAL AND URBAN AREAS—*contd.*

| | CHOLERA. | | | | SMALLPOX. | | | | PLAGUE. | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Rural. | | Urban. | | Rural. | | Urban. | | Rural. | | Urban. | |
| | Deaths. | Rate p.m. | Deaths. | Rate p.m. | Deaths. | Rate p.m. | Deaths. | Rate p.m. | Deaths. | Rate p.m. | Deaths. | Rate p.m. |
| Coorg— | | | | | | | | | | | | |
| 1940 | 19 | 0·1 | .. | .. | 21 | 0·1 | 1 | 0·09 | 8 | 0·05 | .. | .. |
| 1941 | 1 | 0·00 | .. | .. | 49 | 0·3 | 4 | 0·4 | 17 | 0·1 | 3 | 0·3 |
| 1942 | 5 | 0·03 | .. | .. | 98 | 0·6 | 15 | 1·3 | 1 | 0·01 | 5 | 0·4 |
| 1943 | 1 | 0·01 | .. | .. | 67 | 0·4 | 8 | 0·7 | 10 | 0·06 | 1 | 0·09 |
| 1944 | .. | .. | .. | .. | 74 | 0·5 | 10 | 0·9 | 4 | 0·03 | 4 | 0·4 |
| Assam— | | | | | | | | | | | | |
| 1940 | 2,773 | 0·3 | 36 | 0·1 | 1,336 | 0·15 | 64 | 0·25 | .. | .. | .. | .. |
| 1941 | 7,639 | 0·8 | 90 | 0·3 | 337 | 0·04 | 8 | 0·03 | .. | .. | .. | .. |
| 1942 | 12,600 | 1·3 | 206 | 0·8 | 266 | 0·03 | 28 | 0·1 | .. | .. | .. | .. |
| 1943 | 15,141 | 1·6 | 305 | 1·1 | 1,579 | 0·2 | 113 | 0·4 | .. | .. | .. | .. |
| 1944 | 3,998 | 0·4 | 109 | 0·4 | 11,319 | 1·2 | 409 | 1·5 | .. | .. | .. | .. |
| Ajmer-Merwara— | | | | | | | | | | | | |
| 1940 | 3 | 0·01 | 1 | 0·00 | 445 | 1·2 | 256 | 1·2 | .. | .. | .. | .. |
| 1941 | 1 | 0·00 | 32 | 0·15 | 44 | 0·1 | 15 | 0·07 | .. | .. | .. | .. |
| 1942 | .. | .. | 23 | 0·1 | 7 | 0·02 | 16 | 0·07 | .. | .. | .. | .. |
| 1943 | 21 | 0·06 | 42 | 0·2 | 25 | 0·06 | 108 | 0·5 | .. | .. | .. | .. |
| 1944 | 189 | 0·5 | 34 | 0·15 | 211 | 0·6 | 133 | 0·6 | .. | .. | .. | .. |
| British India— | | | | | | | | | | | | |
| 1940 | 80,747 | 0·3 | 5,386 | 0·2 | 57,113 | 0·2 | 15,763 | 0·5 | 17,906 | 0·07 | 1,893 | 0·06 |
| 1941 | 215,546 | 0·9 | 12,595 | 0·4 | 46,793 | 0·2 | 12,514 | 0·4 | 11,152 | 0·05 | 832 | 0·02 |
| 1942 | 204,775 | 0·8 | 13,721 | 0·4 | 23,828 | 1·0 | 3,309 | 0·09 | 9,832 | 0·04 | 745 | 0·02 |
| 1943 | 428,206 | 1·7 | 31,724 | 0·9 | 43,652 | 0·2 | 8,722 | 0·2 | 11,179 | 0·04 | 2,395 | 0·07 |
| 1944 | 278,766 | 1·1 | 15,759 | 0·4 | 189,267 | 0·7 | 27,271 | 0·7 | 18,916 | 0·07 | 2,609 | 0·07 |

| | FEVERS. | | | | DYSENTERY & DIARRHŒA. | | | | RESPIRATORY DISEASES. | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Rural. | | Urban. | | Rural. | | Urban. | | Rural. | | Urban. | |
| | Deaths. | Rate p.m. | Deaths. | Rate p.m. | Deaths. | Rate p.m. | Deaths. | Rate p.m. | Deaths. | Rate p.m. | Deaths. | Rate p.m. |
| N. W. F. P.— | | | | | | | | | | | | |
| 1940 | 38,971 | 16·1 | 3,035 | 5·8 | 103 | 0·04 | 210 | 0·4 | 1,702 | 0·7 | 1,125 | 2·2 |
| 1941 | 47,063 | 19·1 | 3,738 | 6·9 | 233 | 0·09 | 194 | 0·4 | 1,982 | 0·8 | 1,127 | 2·1 |
| 1942 | 38,569 | 15·4 | 3,199 | 5·7 | 150 | 0·06 | 177 | 0·3 | 1,661 | 0·7 | 884 | 1·6 |
| 1943 | 37,311 | 14·6 | 3,182 | 5·5 | 169 | 0·07 | 153 | 0·3 | 1,626 | 0·6 | 727 | 1·3 |
| 1944 | 33,813 | 13·0 | 2,894 | 4·9 | 244 | 0·09 | 172 | 0·3 | 1,633 | 0·6 | 622 | 1·0 |
| Punjab— | | | | | | | | | | | | |
| 1940 | 441,072 | 18·4 | 32,569 | 8·1 | 7,121 | 0·3 | 5,599 | 1·4 | 50,473 | 2·1 | 16,830 | 4·2 |
| 1941 | 491,994 | 20·2 | 36,641 | 8·9 | 7,477 | 0·3 | 5,475 | 1·3 | 47,505 | 1·9 | 16,591 | 4·0 |
| 1942 | 607,317 | 24·5 | 43,942 | 10·4 | 10,010 | 0·4 | 6,478 | 1·5 | 40,999 | 1·7 | 16,069 | 3·8 |
| 1943 | 537,186 | 21·3 | 42,737 | 9·8 | 7,429 | 0·3 | 5,097 | 1·2 | 42,861 | 1·7 | 17,838 | 4·1 |
| 1944 | 546,620 | 21·4 | 44,683 | 10·0 | 5,215 | 0·2 | 5,101 | 1·1 | 49,620 | 1·9 | 16,790 | 3·8 |
| Delhi— | | | | | | | | | | | | |
| 1940 | 2,503 | 10·5 | 1,403 | 2·1 | 487 | 2·0 | 1,292 | 2·0 | 1,467 | 6·1 | 4,684 | 7·1 |
| 1941 | 2,262 | 9·3 | 1,745 | 2·6 | 426 | 1·7 | 1,715 | 2·5 | 1,569 | 6·4 | 4,713 | 6·9 |
| 1942 | 3,419 | 13·8 | 1,945 | 2·7 | 927 | 3·7 | 1,806 | 2·6 | 1,751 | 7·1 | 3,939 | 5·6 |
| 1943 | 2,566 | 10·2 | 2,344 | 3·2 | 357 | 1·4 | 2,115 | 2·9 | 1,979 | 7·8 | 4,270 | 5·8 |
| 1944 | 2,847 | 11·1 | 2,311 | 3·1 | 350 | 1·4 | 1,314 | 1·7 | 1,778 | 6·9 | 5,243 | 6·9 |
| U. P.— | | | | | | | | | | | | |
| 1940 | 747,925 | 15·6 | 65,697 | 9·8 | 4,808 | 0·1 | 11,430 | 1·7 | 7,639 | 0·2 | 32,654 | 4·9 |
| 1941 | 733,358 | 15·2 | 69,573 | 10·2 | 4,611 | 0·1 | 13,286 | 1·9 | 7,380 | 0·2 | 34,143 | 5·0 |
| 1942 | 759,344 | 15·5 | 74,509 | 10·7 | 2,967 | 0·06 | 13,628 | 1·9 | 6,253 | 0·1 | 31,863 | 4·6 |
| 1943 | 804,459 | 16·3 | 79,612 | 11·2 | 2,753 | 0·06 | 14,287 | 2·0 | 4,727 | 0·09 | 32,174 | 4·5 |
| 1944 | 767,455 | 15·4 | 79,406 | 10·9 | 3,178 | 0·06 | 14,162 | 1·9 | 4,667 | 0·09 | 32,559 | 4·5 |
| Bihar— | | | | | | | | | | | | |
| 1940 | 564,319 | 16·4 | 8,052 | 5·0 | 2,044 | 0·06 | 773 | 0·5 | 2,156 | 0·06 | 635 | 0·4 |
| 1941 | 532,111 | 15·3 | 8,044 | 4·9 | 2,763 | 0·08 | 560 | 0·3 | 2,015 | 0·06 | 427 | 0·3 |
| 1942 | 442,179 | 12·6 | 7,118 | 4·2 | 2,572 | 0·07 | 412 | 0·3 | 1,718 | 0·05 | 239 | 0·1 |
| 1943 | 454,711 | 12·8 | 7,035 | 4·1 | 2,541 | 0·07 | 351 | 0·2 | 1,567 | 0·04 | 404 | 0·2 |
| 1944 | 580,071 | 16·3 | 8,869 | 5·2 | 3,050 | 0·09 | 791 | 0·5 | 1,957 | 0·06 | 661 | 0·4 |
| Orissa— | | | | | | | | | | | | |
| 1940 | 88,640 | 12·4 | 1,573 | 5·0 | 12,422 | 1·7 | 576 | 1·8 | 4,184 | 0·6 | 456 | 1·5 |
| 1941 | 106,237 | 14·8 | 1,611 | 5·0 | 19,254 | 2·7 | 893 | 2·8 | 4,606 | 0·6 | 510 | 1·6 |
| 1942 | 101,508 | 14·0 | 1,490 | 4·4 | 15,006 | 2·1 | 629 | 1·9 | 4,276 | 0·6 | 320 | 1·0 |
| 1943 | 115,449 | 15·9 | 2,251 | 6·5 | 18,076 | 2·5 | 1,089 | 3·3 | 4,384 | 0·6 | 437 | 1·3 |
| 1944 | 127,400 | 17·5 | 1,873 | 5·4 | 17,687 | 2·4 | 1,116 | 3·2 | 4,159 | 0·6 | 454 | 1·3 |
| Bengal— | | | | | | | | | | | | |
| 1940 | 703,744 | 13·1 | 13,772 | 2·5 | 38,351 | 0·7 | 7,071 | 1·3 | 63,216 | 1·3 | 16,987 | 3·1 |
| 1941 | 719,107 | 13·1 | 13,777 | 2·4 | 44,326 | 0·8 | 7,203 | 1·3 | 68,683 | 1·3 | 15,964 | 2·8 |
| 1942 | 768,001 | 13·8 | 14,311 | 2·4 | 46,009 | 0·8 | 7,246 | 1·2 | 60,221 | 1·1 | 12,589 | 2·1 |
| 1943 | 1,116,750 | 20·1 | 25,934 | 4·4 | 79,013 | 1·4 | 16,117 | 2·7 | 61,692 | 1·1 | 16,191 | 2·8 |
| 1944 | 1,109,898 | 20·0 | 27,142 | 4·6 | 51,683 | 0·9 | 13,654 | 2·3 | 65,043 | 1·2 | 18,211 | 3·1 |

TABLE 17.—DEATHS AND RATES PER MILLE FROM CERTAIN CAUSES OR GROUPS OF CAUSES OF MORTALITY IN RURAL AND URBAN AREAS—*contd.*

| | FEVERS. | | | | DYSENTERY & DIARRHŒA. | | | | RESPIRATORY DISEASES. | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Rural. | | Urban. | | Rural. | | Urban. | | Rural. | | Urban. | |
| C. P.— | Deaths. | Rate p.m. | Deaths. | Rate p.m. | Deaths. | Rate p.m. | Deaths. | Rate p.m. | Deaths. | Rate p.m. | Deaths. | Rate p.m. |
| 1940 | 260,414 | 18·4 | 22,519 | 10·9 | 21,582 | 1·5 | 4,191 | 2·0 | 35,212 | 2·4 | 8,722 | 4·2 |
| 1941 | 280,348 | 19·0 | 22,054 | 10·5 | 23,783 | 1·6 | 4,709 | 2·2 | 34,323 | 2·3 | 7,494 | 3·6 |
| 1942 | 297,077 | 20·0 | 23,909 | 11·1 | 25,529 | 1·7 | 4,912 | 2·3 | 33,513 | 2·3 | 8,122 | 3·8 |
| 1943 | 265,391 | 17·7 | 21,494 | 9·8 | 14,398 | 1·0 | 4,663 | 2·1 | 27,788 | 1·9 | 8,114 | 3·7 |
| 1944 | 283,726 | 18·8 | 23,288 | 10·4 | 18,892 | 1·3 | 3,882 | 1·7 | 29,721 | 2·0 | 6,994 | 3·1 |
| Bombay— | | | | | | | | | | | | |
| 1940 | 146,371 | 9·5 | 26,487 | 5·0 | 16,196 | 1·1 | 5,969 | 1·1 | 68,521 | 4·4 | 34,475 | 6·6 |
| 1941 | 152,541 | 9·8 | 28,388 | 5·3 | 19,559 | 1·3 | 6,792 | 1·3 | 71,138 | 4·6 | 34,100 | 6·4 |
| 1942 | 158,873 | 10·1 | 29,483 | 5·3 | 19,522 | 1·2 | 6,854 | 1·2 | 71,542 | 4·6 | 30,592 | 5·6 |
| 1943 | 150,871 | 9·5 | 29,618 | 5·2 | 14,648 | 0·9 | 6,874 | 1·2 | 65,019 | 4·1 | 35,687 | 6·3 |
| 1944 | 182,134 | 11·4 | 32,893 | 5·7 | 15,813 | 1·0 | 6,680 | 1·2 | 68,823 | 4·3 | 39,575 | 6·9 |
| Sind— | | | | | | | | | | | | |
| 1940 | 25,582 | 7·1 | 3,678 | 4·3 | 207 | 0·06 | 924 | 1·1 | 3,990 | 1·1 | 5,330 | 6·1 |
| 1941 | 31,721 | 8·7 | 3,972 | 4·5 | 324 | 0·09 | 925 | 1·0 | 3,986 | 1·1 | 5,058 | 5·7 |
| 1942 | 25,451 | 6·9 | 4,142 | 4·5 | 218 | 0·06 | 996 | 1·0 | 3,949 | 1·1 | 5,882 | 6·5 |
| 1943 | 27,466 | 7·3 | 4,570 | 4·9 | 234 | 0·06 | 924 | 1·0 | 4,309 | 1·1 | 5,479 | 5·9 |
| 1944 | 26,566 | 7·0 | 5,584 | 5·9 | 119 | 0·03 | 1,318 | 1·4 | 3,056 | 0·8 | 6,467 | 6·8 |
| Madras— | | | | | | | | | | | | |
| 1940 | 275,192 | 6·7 | 25,935 | 3·3 | 67,373 | 1·6 | 19,071 | 2·5 | 70,442 | 1·7 | 29,234 | 3·8 |
| 1941 | 274,770 | 6·6 | 26,747 | 3·4 | 77,335 | 1·9 | 21,120 | 2·7 | 73,486 | 1·8 | 30,280 | 3·8 |
| 1942 | 262,830 | 6·3 | 25,114 | 3·1 | 70,310 | 1·7 | 18,260 | 2·3 | 70,027 | 1·7 | 26,130 | 3·2 |
| 1943 | 274,602 | 6·5 | 27,173 | 3·3 | 73,383 | 1·7 | 20,063 | 2·4 | 73,860 | 1·8 | 32,411 | 3·9 |
| 1944 | 310,577 | 7·3 | 33,738 | 4·0 | 73,956 | 1·8 | 23,048 | 2·7 | 77,458 | 1·8 | 34,384 | 4·1 |
| Coorg— | | | | | | | | | | | | |
| 1940 | 2,606 | 16·6 | 50 | 4·5 | 132 | 0·8 | 19 | 1·7 | 56 | 0·4 | 77 | 6·9 |
| 1941 | 2,684 | 17·0 | 41 | 3·6 | 91 | 0·6 | 33 | 2·9 | 97 | 0·6 | 85 | 7·5 |
| 1942 | 2,655 | 16·8 | 58 | 5·1 | 69 | 0·4 | 41 | 3·6 | 47 | 0·3 | 84 | 7·5 |
| 1943 | 2,373 | 15·1 | 61 | 5·4 | 32 | 0·2 | 58 | 5·1 | 24 | 0·2 | 84 | 7·5 |
| 1944 | 2,555 | 16·2 | 70 | 6·2 | 79 | 0·5 | 42 | 3·7 | 31 | 0·2 | 66 | 5·9 |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Assam— | | | | | | | | | | | | |
| 1940 | 92,638 | 10·2 | 1,039 | 4·0 | 8,558 | 0·9 | 406 | 1·6 | 4,658 | 0·5 | 417 | 1·6 |
| 1941 | 97,205 | 10·6 | 999 | 3·8 | 8,958 | 1·0 | 531 | 2·0 | 4,376 | 0·5 | 406 | 1·5 |
| 1942 | 86,465 | 9·3 | 1,055 | 3·9 | 8,859 | 1·0 | 679 | 2·5 | 3,914 | 0·4 | 342 | 1·3 |
| 1943 | 92,771 | 9·8 | 1,168 | 4·2 | 9,918 | 1·0 | 659 | 2·4 | 4,458 | 0·5 | 358 | 1·3 |
| 1944 | 102,759 | 10·8 | 1,624 | 5·8 | 10,444 | 1·1 | 656 | 2·4 | 4,182 | 0·4 | 338 | 1·3 |
| Ajmer-Merwara— | | | | | | | | | | | | |
| 1940 | 15,711 | 42·8 | 1,575 | 7·4 | 34 | 0·09 | 1,030 | 4·9 | 7 | 0·02 | 3,407 | 16·1 |
| 1941 | 7,713 | 20·8 | 1,057 | 4·9 | 17 | 0·05 | 774 | 3·6 | 4 | 0·01 | 2,793 | 13·0 |
| 1942 | 8,726 | 23·3 | 1,556 | 7·1 | 5 | 0·01 | 741 | 3·4 | 5 | 0·01 | 3,021 | 13·8 |
| 1943 | 8,073 | 21·3 | 1,593 | 7·2 | 4 | 0·01 | 557 | 2·5 | 8 | 0·02 | 2,662 | 12·0 |
| 1944 | 8,858 | 23·1 | 2,489 | 11·1 | 28 | 0·07 | 512 | 2·3 | 5 | 0·01 | 2,537 | 11·3 |
| British India— | | | | | | | | | | | | |
| 1940 | 3,414,688 | 11·2 | 207,384 | 6·2 | 179,418 | 0·8 | 58,561 | 1·7 | 318,673 | 1·3 | 155,033 | 4·6 |
| 1941 | 3,479,154 | 14·3 | 218,387 | 6·3 | 209,162 | 0·9 | 64,219 | 1·9 | 321,150 | 1·3 | 153,991 | 4·5 |
| 1942 | 3,562,414 | 14·5 | 231,831 | 6·5 | 202,153 | 0·8 | 62,769 | 1·8 | 299,876 | 1·2 | 140,076 | 3·7 |
| 1943 | 3,889,979 | 15·7 | 248,772 | 6·9 | 222,946 | 0·9 | 73,007 | 2·0 | 294,296 | 1·2 | 156,836 | 4·3 |
| 1944 | 4,085,279 | 15·5 | 266,864 | 6·9 | 200,738 | 0·8 | 72,448 | 1·7 | 312,133 | 1·2 | 164,901 | 4·2 |

## TABLE 18.—DEATHS FROM CHOLERA BY MONTH AND NUMBER OF INOCULATIONS PERFORMED AND VILLAGES INFECTED

| | Jan. | Feb. | Mar. | Apr. | May. | June. | July. | Aug. | Sept. | Oct. | Nov. | Dec. | No. of anti-cholera inoculations. | Total Villages. | Number infected. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| N. W. F. P. | | | | | | | | | | | | | | | |
| 1940 | .. | .. | .. | .. | .. | .. | .. | 11 | 33 | 26 | 29 | .. | 8,825 | 2,802 | 13 |
| 1941 | .. | .. | .. | .. | .. | .. | 97 | 164 | 85 | 625 | 320 | .. | 419,567 | 2,893 | 235 |
| 1942 | .. | .. | .. | .. | .. | 5 | .. | .. | .. | .. | .. | .. | 2,540 | 2,893 | .. |
| 1943 | .. | .. | .. | .. | .. | .. | .. | 1 | 21 | 54 | 7 | .. | 40,782 | 2,893 | 18 |
| 1944 | .. | .. | .. | .. | .. | .. | .. | .. | 86 | 4 | .. | .. | 24,658 | 2,893 | 11 |
| PUNJAB. | | | | | | | | | | | | | | | |
| 1940 | .. | .. | .. | .. | 2 | 2 | 10 | 39 | 105 | 38 | 2 | .. | 274,157 | 35,086 | 37 |
| 1941 | .. | .. | .. | 2 | 78 | 108 | 176 | 260 | 218 | 206 | 51 | .. | 356,897 | 35,247 | 192 |
| 1942 | .. | .. | .. | 1 | 1 | 24 | 6 | .. | .. | .. | .. | .. | 46,666 | 35,247 | 6 |
| 1943 | .. | .. | .. | .. | 1 | .. | .. | 177 | 345 | 260 | 9 | 11 | 133,038 | 35,376 | 130 |
| 1944 | .. | .. | .. | .. | 8 | 3 | 110 | 714 | 1,250 | 232 | .. | .. | 682,897 | 35,376 | 382 |

TABLE 18.—DEATHS FROM CHOLERA BY MONTH AND NUMBER OF INOCULATIONS PERFORMED AND VILLAGES INFECTED—*contd.*

| | Jan. | Feb. | March. | Apr. | May. | June. | July. | Aug. | Sept. | Oct. | Nov. | Dec. | No. of anti-cholera inoculations. | Total Villages. | Number infected. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **DELHI.** | | | | | | | | | | | | | | | |
| 1940 | .. | .. | .. | .. | .. | .. | .. | .. | 5 | .. | .. | .. | 4,801 | 309 | .. |
| 1941 | .. | .. | .. | .. | 7 | 2 | 41 | 8 | .. | 2 | .. | .. | 39,354 | 309 | * |
| 1942 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1,412 | 304 | .. |
| 1943 | .. | .. | .. | .. | .. | .. | .. | .. | 3 | 1 | .. | .. | 3,125 | 304 | .. |
| 1944 | .. | .. | .. | .. | .. | 1 | 107 | 138 | 30 | 1 | .. | .. | 184,305 | 304 | 22 |
| **U. P.** | | | | | | | | | | | | | | | |
| 1940 | 51 | 15 | 102 | 666 | 1,222 | 2,854 | 4,530 | 5,677 | 6,240 | 3,631 | 867 | 244 | 837,307 | 102,388 | 4,854 |
| 1941 | 130 | 42 | 383 | 5,603 | 11,449 | 11,299 | 12,742 | 6,778 | 2,194 | 824 | 758 | 338 | 1,625,326 | 102,388 | 8,323 |
| 1942 | 126 | 25 | 133 | 206 | 147 | 151 | 386 | 1,665 | 1,682 | 1,872 | 887 | 382 | 493,928 | 102,388 | 1,653 |
| 1943 | 35 | 94 | 68 | 228 | 387 | 1,190 | 2,450 | 3,448 | 5,004 | 7,674 | 3,468 | 1,659 | 908,582 | 102,388 | 5,618 |
| 1944 | 268 | 111 | 130 | 259 | 1,309 | 3,339 | 3,591 | 10,314 | 8,791 | 5,960 | 3,680 | 2,539 | 1,972,809 | 102,388 | 5,246 |
| **BIHAR.** | | | | | | | | | | | | | | | |
| 1940 | 173 | 127 | 76 | 311 | 132 | 375 | 1,529 | 3,306 | 4,712 | 3,607 | 3,268 | 1,313 | 828,200 | 68,869 | .. |
| 1941 | 332 | 193 | 761 | 3,244 | 4,376 | 5,598 | 8,978 | 9,194 | 6,875 | 6,217 | 4,341 | 1,546 | 1,476,034 | 68,869 | 7,655 |
| 1942 | 434 | 473 | 750 | 1,805 | 1,657 | 1,047 | 1,804 | 1,932 | 4,359 | 5,761 | 4,258 | 1,730 | 752,578 | 68,869 | 5,603 |
| 1943 | 417 | 368 | 192 | 289 | 1,414 | 1,778 | 3,472 | 8,978 | 10,799 | 10,457 | 9,017 | 4,403 | 1,595,448 | 68,869 | 9,002 |
| 1944 | 1,811 | 1,198 | 3,160 | 6,834 | 17,874 | 27,404 | 21,998 | 26,168 | 18,023 | 14,556 | 7,255 | 3,649 | 3,763,346 | 68,869 | 11,376 |
| **ORISSA.** | | | | | | | | | | | | | | | |
| 1940 | 1,219 | 700 | 387 | 120 | 66 | 43 | 84 | 124 | 196 | 286 | 448 | 220 | 264,509 | 19,466 | 1,214 |
| 1941 | 110 | 139 | 330 | 563 | 1,486 | 1,949 | 2,610 | 870 | 406 | 416 | 267 | 179 | 546,266 | 21,422 | 1,669 |
| 1942 | 207 | 344 | 429 | 338 | 346 | 1,371 | 1,678 | 2,009 | 1,042 | 568 | 280 | 296 | 354,181 | 21,422 | 2,665 |
| 1943 | 336 | 862 | 992 | 536 | 330 | 579 | 2,024 | 3,072 | 2,059 | 3,690 | 3,465 | 2,557 | 688,005 | 21,422 | 4,146 |
| 1944 | 1,771 | 1,165 | 1,196 | 575 | 455 | 913 | 1,345 | 2,057 | 2,123 | 2,709 | 2,455 | 1,482 | 650,877 | 21,422 | 5,297 |

* Not available.

BENGAL.

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1940 | 2,135 | 1,351 | 2,635 | 3,275 | 1,492 | 544 | 451 | 381 | 424 | 767 | 2,107 | 6,181 | 1,353,798 | 86,361 | 9,352 |
| 1941 | 5,084 | 4,846 | 10,497 | 8,233 | 3,804 | 1,905 | 3,066 | 2,604 | 1,606 | 3,527 | 6,857 | 9,860 | 3,526,559 | 86,361 | 13,750 |
| 1942 | 6,525 | 2,858 | 6,425 | 7,884 | 5,235 | 1,309 | 1,834 | 1,585 | 2,663 | 8,108 | 18,729 | 15,256 | 3,678,251@ | 83,956 | 27,693 |
| 1943 | 9,018 | 6,171 | 4,857 | 5,688 | 3,506 | 5,915 | 16,479 | 21,076 | 29,015 | 40,906 | 38,774 | 35,023 | 5,407,404 | 83,956 | 21,199 |
| 1944 | 15,191 | 6,424 | 6,851 | 5,831 | 3,242 | 1,564 | 939 | 837 | 924 | 1,401 | 2,700 | 3,565 | 18,752,183 | 83,956 | 11,019 |

C. P.

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1940 | .. | 9 | 65 | 11 | 1 | 67 | 322 | 1,309 | 1,953 | 788 | 391 | 58 | 388,485 | 39,246 | 950 |
| 1941 | 13 | 64 | 29 | 161 | 1,089 | 4,472 | 5,508 | 1,611 | 640 | 301 | 154 | 119 | 1,036,289 | 38,985 | 2,092 |
| 1942 | 155 | 152 | 196 | 225 | 685 | 4,566 | 4,179 | 4,826 | 4,386 | 1,536 | 253 | 18 | 1,456,882 | 38,985 | 3,099 |
| 1943 | 4 | 7 | 6 | 13 | 30 | 66 | 337 | 432 | 335 | 201 | 13 | 23 | 426,869 | 38,985 | 383 |
| 1944 | .. | 1 | 15 | 232 | 827 | 628 | 688 | 1,072 | 1,992 | 2,156 | 1,525 | 238 | 565,909 | 38,985 | 1,813 |

BOMBAY.

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1940 | 4 | 2 | 5 | 4 | 8 | 5 | 38 | 96 | 102 | 83 | 81 | 288 | 208,651 | 21,455 | 198 |
| 1941 | 191 | 120 | 539 | 1,166 | 1,239 | 1,528 | 3,114 | 3,217 | 1,906 | 2,398 | 998 | 290 | 1,399,053 | 21,455 | 2,594 |
| 1942 | 79 | 103 | 221 | 309 | 1,202 | 1,744 | 1,472 | 2,719 | 1,558 | 652 | 478 | 558 | 405,168 | 21,455 | 1,463 |
| 1943 | 245 | 195 | 773 | 781 | 871 | 1,326 | 2,872 | 1,670 | 733 | 593 | 353 | 368 | 872,462 | 21,455 | 2,009 |
| 1944 | 67 | 3 | 18 | 20 | 30 | 16 | 59 | 104 | 271 | 337 | 408 | 306 | 264,208 | 21,455 | 454 |

SIND.

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1940 | .. | .. | .. | .. | .. | .. | 91 | 90 | 30 | 16 | .. | .. | 103,705 | 6,588 | 32 |
| 1941 | .. | .. | .. | .. | 11 | 80 | 522 | 675 | 315 | 1,281 | 251 | 17 | 242,842 | 6,588 | 725 |
| 1942 | .. | .. | .. | .. | .. | 1 | .. | 1 | .. | .. | .. | .. | 25,671 | 6,588 | 2 |
| 1943 | .. | .. | .. | .. | .. | .. | .. | .. | 2 | 15 | 1 | .. | 13,415 | 6,588 | 2 |
| 1944 | .. | .. | .. | .. | .. | .. | .. | 1 | 14 | 90 | 137 | 2 | 104,785 | 6,588 | 33 |

MADRAS.

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1940 | 97 | 128 | 50 | 11 | 12 | 29 | 54 | 470 | 505 | 1,453 | 1,906 | 1,703 | 995,000 | 35,019 | 1,278 |
| 1941 | 1,193 | 923 | 736 | 941 | 1,477 | 1,290 | 1,083 | 363 | 155 | 142 | 135 | 72 | 910,000 | 35,019 | * |
| 1942 | 366 | 193 | 530 | 1,675 | 2,362 | 2,059 | 6,015 | 3,926 | 5,148 | 9,401 | 8,297 | 12,408 | 4,500,000 | 34,879 | * |
| 1943 | 27,042 | 11,970 | 5,671 | 3,028 | 2,878 | 4,971 | 18,926 | 12,406 | 3,176 | 4,136 | 10,844 | 11,991 | 8,079,767 | 34,879 | * |
| 1944 | 6,209 | 2,859 | 1,798 | 836 | 413 | 500 | 1,419 | 2,071 | 886 | 436 | 513 | 378 | 1,495,306 | 34,879 | * |

@ Excluding Calcutta.

*Not available.

TABLE 8.—DEATHS FROM CHOLERA BY MONTH AND NUMBER OF INOCULATIONS PERFORMED AND VILLAGES INFECTED—*contd.*

| | Jan. | Feb. | Mar. | Apr. | May. | June. | July. | Aug. | Sept. | Oct. | Nov. | Dec. | No. of anti-cholera inoculations. | Total Villages. | Number infected. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **COORG.** | | | | | | | | | | | | | | | |
| 1940 | .. | .. | .. | 4 | 4 | 11 | .. | .. | .. | .. | .. | .. | .. | 298 | 2 |
| 1941 | 1 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 304 | 1 |
| 1942 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 5 | 526 | 304 | 1 |
| 1943 | .. | .. | .. | .. | .. | 1 | .. | .. | .. | .. | .. | .. | 4,315 | 304 | 1 |
| 1944 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 304 | .. |
| **ASSAM.** | | | | | | | | | | | | | | | |
| 1940 | 116 | 99 | 67 | 168 | 399 | 219 | 123 | 86 | 142 | 305 | 519 | 566 | 335,559 | 28,333 | 1,227 |
| 1941 | 274 | 114 | 123 | 251 | 224 | 236 | 109 | 89 | 308 | 1,443 | 2,510 | 2,048 | 880,840 | 28,333 | 2,282 |
| 1942 | 996 | 770 | 738 | 725 | 469 | 686 | 485 | 528 | 865 | 1,334 | 2,922 | 2,288 | 1,079,884 | 33,176 | 4,690 |
| 1943 | 1,129 | 619 | 509 | 863 | 2,259 | 1,915 | 1,062 | 661 | 1,496 | 1,737 | 1,779 | 1,425 | 1,151,901 | 33,007 | 5,376 |
| 1944 | 1,113 | 569 | 468 | 269 | 440 | 284 | 181 | 155 | 117 | 62 | 94 | 355 | 207,356 | 33,007 | 1,879 |
| **AJMER-MERWARA.** | | | | | | | | | | | | | | | |
| 1940 | .. | .. | .. | 2 | .. | 1 | .. | .. | 1 | .. | .. | .. | 318 | 621 | 2 |
| 1941 | .. | .. | .. | .. | .. | 1 | .. | .. | 31 | 1 | .. | .. | 34,071 | 621 | 1 |
| 1942 | .. | .. | .. | .. | .. | .. | .. | 9 | 13 | 1 | .. | .. | 23,986 | 621 | .. |
| 1943 | .. | .. | .. | .. | .. | .. | 9 | 43 | 11 | .. | .. | .. | 35,582 | 621 | 3 |
| 1944 | .. | .. | .. | .. | .. | .. | 1 | 18 | 204 | .. | .. | .. | 136,905 | 621 | 29 |
| **BRITISH INDIA.** | | | | | | | | | | | | | | | |
| 1940 | 3,795 | 2,431 | 3,387 | 4,572 | 3,338 | 4,150 | 7,232 | 11,589 | 14,448 | 11,600 | 9,618 | 10,573 | 5,603,310 | 446,886 | 19,159* |
| 1941 | 7,328 | 6,441 | 13,398 | 20,164 | 25,240 | 28,468 | 38,046 | 25,833 | 14,739 | 17,383 | 16,642 | 14,459 | 12,493,398 | 448,784 | 39,519 |
| 1942 | 8,888 | 4,918 | 9,422 | 13,168 | 12,104 | 12,963 | 17,859 | 19,200 | 21,716 | 29,233 | 36,104 | 32,921 | 12,821,973 | 451,082 | 46,575 |
| 1943 | 38,226 | 20,286 | 13,068 | 11,426 | 11,676 | 17,741 | 47,631 | 51,964 | 52,999 | 69,724 | 67,730 | 57,460 | 19,360,715 | 451,042 | 47,887 |
| 1944 | 26,430 | 12,330 | 13,636 | 14,856 | 24,598 | 34,652 | 30,438 | 43,649 | 34,711 | 27,944 | 18,767 | 12,514 | 28,805,544 | 451,042 | 37,561 |

* This and the following figures in the column are totals only; they do not give British India figures completely.

## Table 19.—Deaths from Smallpox by Month and Deaths in Children.

| | Jan. | Feb. | Mar. | Apr. | May. | June. | July. | Aug. | Sep. | Oct. | Nov. | Dec. | Smallpox Deaths in Children. Under 1 year. | 1—10 years. | Total. | Percentage of deaths to total mortality from smallpox. Under 1 year. | 1—10 years. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **N. W. F. P.** | | | | | | | | | | | | | | | | | |
| 1940 . . | 190 | 32 | 25 | 15 | 52 | 35 | 19 | 8 | .. | 21 | 51 | 22 | 107 | 270 | 377 | 22·8 | 57·4 |
| 1941 . . | 58 | 50 | 92 | 93 | 86 | 49 | 75 | 36 | 17 | 12 | 34 | 17 | 166 | 226 | 392 | 26·8 | 36·5 |
| 1942 . . | 40 | 16 | 12 | 6 | 10 | 36 | 33 | 10 | 1 | 1 | 3 | 4 | 44 | 115 | 159 | 25·6 | 66·9 |
| 1943 . . | 3 | 3 | 3 | 3 | 10 | 17 | 34 | 8 | 2 | 12 | 39 | 64 | 11 | 103 | 114 | 5·6 | 52·0 |
| 1944 . . | 101 | 47 | 61 | 53 | 43 | 59 | 98 | 65 | 25 | 15 | 15 | 28 | 112 | 430 | 542 | 18·4 | 70·5 |
| **Punjab.** | | | | | | | | | | | | | | | | | |
| 1940 . . | 754 | 704 | 442 | 386 | 534 | 460 | 289 | 101 | 74 | 47 | 89 | 194 | 1,052 | 1,903 | 2,955 | 25·8 | 46·7 |
| 1941 . . | 240 | 185 | 166 | 156 | 269 | 155 | 74 | 73 | 31 | 18 | 40 | 85 | 334 | 766 | 1,100 | 22·4 | 51·3 |
| 1942 . . | 102 | 97 | 81 | 67 | 101 | 71 | 83 | 42 | 15 | 11 | 24 | 60 | 177 | 407 | 584 | 23·5 | 54·0 |
| 1943 . . | 50 | 46 | 41 | 53 | 73 | 104 | 47 | 20 | 13 | 26 | 71 | 240 | 199 | 423 | 622 | 25·4 | 54·0 |
| 1944 . . | 273 | 213 | 244 | 128 | 263 | 292 | 213 | 117 | 43 | 28 | 63 | 191 | 545 | 1,028 | 1,573 | 26·4 | 49·7 |
| **Delhi.** | | | | | | | | | | | | | | | | | |
| 1940 . . | 19 | 18 | 20 | 35 | 34 | 17 | 3 | 2 | 1 | 1 | 1 | 1 | 41 | 91 | 132 | 27·0 | 59·9 |
| 1941 . . | 7 | 3 | 2 | 17 | 17 | 10 | 6 | 3 | 1 | .. | .. | .. | 23 | 41 | 64 | 34·8 | 62·1 |
| 1942 . . | .. | .. | .. | 4 | 4 | 2 | 2 | .. | 1 | 1 | 5 | 6 | 5 | 18 | 23 | 20·0 | 72·0 |
| 1943 . . | 14 | 13 | 34 | 50 | 102 | 93 | 76 | 42 | 9 | 3 | 27 | 161 | 120 | 438 | 558 | 19·2 | 70·2 |
| 1944 . . | 281 | 118 | 56 | 13 | 10 | 3 | 1 | .. | .. | .. | .. | .. | 116 | 290 | 406 | 24·1 | 60·2 |
| **United Provinces.** | | | | | | | | | | | | | | | | | |
| 1940 . . | 1,317 | 1,364 | 1,249 | 2,151 | 3,094 | 2,633 | 1,624 | 737 | 367 | 161 | 328 | 836 | 2,753 | 4,253 | 7,006 | 17·4 | 26·8 |
| 1941 . . | 910 | 820 | 1,403 | 2,672 | 2,494 | 1,788 | 1,231 | 722 | 374 | 152 | 227 | 368 | 2,354 | 3,103 | 5,457 | 17·9 | 23·6 |
| 1942 . . | 476 | 448 | 426 | 641 | 859 | 770 | 309 | 156 | 107 | 75 | 56 | 156 | 622 | 1,126 | 1,748 | 13·9 | 25·1 |
| 1943 . . | 299 | 281 | 555 | 899 | 1,034 | 874 | 662 | 375 | 180 | 124 | 141 | 504 | 685 | 1,236 | 1,921 | 11·6 | 20·9 |
| **1944 . .** | **841** | **993** | **1,208** | **1,187** | **1,443** | **1,398** | **1,071** | **497** | **249** | **115** | **257** | **807** | **2,334** | **2,887** | **5,221** | **23·2** | **28·7** |

## TABLE 19.—DEATHS FROM SMALLPOX BY MONTH AND DEATHS IN CHILDREN—*contd.*

| | Jan. | Feb. | Mar. | Apr. | May. | June. | July | Aug. | Sep. | Oct. | Nov. | Dec. | Smallpox Deaths in Children. | | | Percentage of deaths to total mortality from smallpox. | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | Under 1 year. | 1—10 years. | Total | Under 1 year. | 1—10 years. |
| BIHAR. | | | | | | | | | | | | | | | | | |
| 1940 | 1,029 | 1,136 | 1,695 | 2,633 | 3,579 | 3,047 | 1,938 | 1,102 | 433 | 374 | 569 | 849 | 1,249 | 2,831 | 4,080 | 6·8 | 15·4 |
| 1941 | 1,073 | 1,002 | 1,590 | 3,160 | 3,059 | 1,870 | 1,176 | 588 | 360 | 200 | 144 | 376 | * | * | * | * | * |
| 1942 | 502 | 463 | 619 | 872 | 725 | 614 | 421 | 180 | 67 | 129 | 98 | 123 | * | * | * | * | * |
| 1943 | 183 | 257 | 355 | 348 | 495 | 390 | 382 | 179 | 156 | 110 | 75 | 136 | 250 | 244 | 494 | 8·2 | 8·0 |
| 1944 | 324 | 412 | 640 | 1,520 | 1,498 | 1,536 | 1,425 | 1,669 | 506 | 453 | 295 | 714 | 513 | 1,339 | 1,852 | 4·7 | 12·2 |
| ORISSA. | | | | | | | | | | | | | | | | | |
| 1940 | 511 | 843 | 964 | 728 | 715 | 446 | 379 | 268 | 169 | 154 | 195 | 382 | 557 | 1,344 | 1,901 | 9·7 | 23·4 |
| 1941 | 618 | 692 | 1,056 | 882 | 689 | 447 | 434 | 286 | 226 | 213 | 222 | 391 | 511 | 1,370 | 1,881 | 8·3 | 22·3 |
| 1942 | 401 | 521 | 860 | 517 | 373 | 242 | 144 | 173 | 198 | 125 | 234 | 377 | 534 | 1250 | 1,784 | 12·8 | 30·0 |
| 1943 | 367 | 377 | 532 | 508 | 421 | 321 | 299 | 260 | 250 | 224 | 227 | 458 | 643 | 746 | 1,389 | 15·2 | 17·6 |
| 1944 | 805 | 976 | 1,130 | 1,611 | 1,122 | 652 | 497 | 323 | 224 | 171 | 168 | 445 | 588 | 1,485 | 2,073 | 7·2 | 18·3 |
| BENGAL. | | | | | | | | | | | | | | | | | |
| 1940 | 508 | 670 | 770 | 879 | 761 | 491 | 298 | 178 | 131 | 107 | 225 | 590 | 447 | 867 | 1,314 | 8·0 | 15·5 |
| 1941 | 1181 | 1,898 | 3,189 | 2,814 | 1,578 | 1,059 | 598 | 336 | 114 | 106 | 140 | 237 | 1,254 | 2,094 | 3,348 | 9·5 | 15·8 |
| 1942 | 373 | 517 | 739 | 718 | 735 | 395 | 276 | 184 | 168 | 148 | 116 | 412 | 385 | 1,313 | 1,698 | 8·1 | 27·5 |
| 1943 | 792 | 1.159 | 2,031 | 2,163 | 2,207 | 1,730 | 1,343 | 1,165 | 1,055 | 1,100 | 1,614 | 5,660 | 1,117 | 3,902 | 5,019 | 5·1 | 17·7 |
| 1944 | 12,468 | 18,594 | 25,805 | 33,466 | 24,149 | 11,460 | 5,911 | 2,519 | 1,348 | 893 | 1,137 | 2,730 | 5,748 | 24,473 | 30,221 | 4·1 | 17·4 |
| CENTRAL PROVINCES. | | | | | | | | | | | | | | | | | |
| 1940 | 274 | 422 | 674 | 768 | 858 | 576 | 333 | 170 | 74 | 67 | 144 | 247 | 1,616 | 2,162 | 3,778 | 35·1 | 46·9 |
| 1941 | 290 | 317 | 423 | 566 | 463 | 258 | 170 | 84 | 36 | 23 | 51 | 65 | 933 | 1,213 | 2,146 | 34·0 | 44·2 |
| 1942 | 120 | 130 | 144 | 180 | 204 | 143 | 77 | 53 | 28 | 22 | 49 | 60 | 394 | 481 | 875 | 32·6 | 39·8 |
| 1943 | 118 | 78 | 236 | 232 | 185 | 116 | 90 | 62 | 45 | 30 | 29 | 175 | 475 | 629 | 1,104 | 34·0 | 45·1 |
| 1944 | 309 | 398 | 585 | 566 | 637 | 439 | 288 | 146 | 99 | 85 | 92 | 233 | 1,305 | 1,867 | 3,172 | 33·7 | 48·2 |
| BOMBAY. | | | | | | | | | | | | | | | | | |
| 1940 | 1,324 | 1,613 | 2,013 | 2,291 | 1,426 | 676 | 403 | 215 | 101 | 121 | 121 | 221 | 3,511 | 5,087 | 8,598 | 33·4 | 48·3 |
| 1941 | 457 | 671 | 809 | 608 | 481 | 244 | 148 | 102 | 60 | 49 | 68 | 87 | 933 | 1,380 | 2,313 | 24·7 | 36·5 |
| 1942 | 275 | 445 | 515 | 419 | 272 | 224 | 129 | 76 | 48 | 38 | 103 | 200 | 592 | 927 | 1,519 | 21·6 | 33·8 |
| 1943 | 355 | 552 | 721 | 541 | 422 | 323 | 223 | 157 | 133 | 121 | 110 | 240 | 699 | 1,097 | 1,796 | 17·9 | 28·1 |
| 1944 | 557 | 1 019 | 1,483 | 1,424 | 1,122 | 595 | 449 | 161 | 104 | 69 | 81 | 148 | 1,954 | 2,274 | 4,228 | 27·1 | 31·5 |

* Information not available.

| | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **SIND.** | | | | | | | | | | | | | | | | | | |
| 1940 | . . | 155 | 224 | 155 | 189 | 170 | 54 | 18 | 14 | 9 | 5 | 7 | 8 | 141 | 441 | 582 | 14·0 | 43·8 |
| 1941 | . . | 12 | 34 | 37 | 27 | 22 | 11 | 21 | 28 | 10 | 4 | 10 | 7 | 31 | 88 | 119 | 13·9 | 39·5 |
| 1942 | . . | 2 | 18 | 18 | 47 | 27 | 14 | 3 | .. | 4 | 7 | 3 | 8 | 1 | 4 | 5 | 0·7 | 2·6 |
| 1943 | . . | 19 | 18 | 41 | 76 | 59 | 36 | 14 | 26 | 13 | 18 | 23 | 49 | 55 | 141 | 196 | 14·0 | 36·0 |
| 1944 | . . | 108 | 125 | 134 | 75 | 87 | 57 | 53 | 27 | 19 | 6 | 2 | 2 | 99 | 206 | 305 | 14·2 | 29·6 |
| **MADRAS.** | | | | | | | | | | | | | | | | | | |
| 1940 | . . | 308 | 427 | 450 | 408 | 387 | 308 | 424 | 384 | 327 | 330 | 275 | 282 | 951 | 1,502 | 2,453 | 22·1 | 34·8 |
| 1941 | . . | 292 | 330 | 448 | 327 | 258 | 211 | 207 | 159 | 133 | 99 | 128 | 163 | 610 | 984 | 1,594 | 22·1 | 35·7 |
| 1942 | . . | 162 | 267 | 341 | 386 | 325 | 275 | 332 | 193 | 180 | 220 | 340 | 392 | 966 | 1,229 | 2,195 | 28·3 | 36·0 |
| 1943 | . . | 615 | 425 | 598 | 766 | 763 | 574 | 695 | 650 | 545 | 528 | 743 | 1,023 | 1,651 | * | 1,651 | 20·8 | * |
| 1944 | . . | 1,546 | 1,845 | 2,244 | 2,105 | 2,084 | 1,534 | 1,493 | 1,602 | 1,465 | 1,313 | 1,194 | 1,351 | 3,461 | 7,918 | 11,379 | 17·5 | 40·0 |
| **COORG.** | | | | | | | | | | | | | | | | | | |
| 1940 | . . | .. | 1 | .. | .. | .. | .. | 2 | 6 | .. | 4 | 1 | 8 | 4 | 12 | 16 | 18·2 | 54·5 |
| 1941 | . . | 1 | 6 | 7 | 2 | 14 | 7 | 3 | 4 | 2 | 2 | 3 | 2 | 16 | 14 | 30 | 30·2 | 26·4 |
| 1942 | . . | 5 | 5 | 6 | 25 | 42 | 9 | 7 | 1 | 2 | 1 | 7 | 3 | 22 | 39 | 61 | 19·5 | 34·5 |
| 1943 | . . | 5 | 2 | 9 | 8 | 3 | 15 | 1 | 4 | 13 | 2 | 9 | 4 | 5 | 31 | 36 | 6·7 | 41·3 |
| 1944 | . . | 1 | 2 | 8 | 19 | 22 | 7 | 8 | .. | 5 | .. | 8 | 4 | 8 | 33 | 41 | 9·5 | 39·3 |
| **ASSAM.** | | | | | | | | | | | | | | | | | | |
| 1940 | . . | 191 | 256 | 179 | 233 | 149 | 124 | 50 | 49 | 50 | 43 | 31 | 45 | 160 | 260 | 420 | 11·4 | 18·6 |
| 1941 | . . | 41 | 42 | 59 | 53 | 28 | 22 | 9 | 24 | 4 | 20 | 26 | 17 | 31 | 79 | 110 | 9·0 | 22·9 |
| 1942 | . . | 32 | 18 | 18 | 36 | 26 | 16 | 16 | 60 | 12 | 15 | 22 | 23 | 23 | 21 | 44 | 7·8 | 7·1 |
| 1943 | . . | 40 | 25 | 81 | 88 | 128 | 144 | 162 | 227 | 127 | 130 | 177 | 363 | 101 | 234 | 335 | 6·0 | 13·8 |
| 1944 | . . | 788 | 1,088 | 1,336 | 1,345 | 1,790 | 1,344 | 1,234 | 854 | 485 | 586 | 403 | 475 | 705 | 1,154 | 1,859 | 6·0 | 9·8 |
| **AJMER-MERWARA.** | | | | | | | | | | | | | | | | | | |
| 1940 | . . | 112 | 98 | 148 | 185 | 112 | 33 | 8 | 2 | .. | 1 | .. | 2 | * | * | * | * | * |
| 1941 | . . | .. | .. | 8 | 2 | 5 | 2 | 2 | .. | .. | .. | 27 | 13 | * | * | * | * | * |
| 1942 | . . | .. | .. | 1 | 3 | 8 | 7 | .. | .. | .. | 2 | .. | 2 | * | * | * | * | * |
| 1943 | . . | 1 | 4 | 16 | 40 | 19 | 8 | 8 | 7 | 1 | .. | .. | 29 | * | * | * | * | * |
| 1944 | . . | 85 | 47 | 50 | 57 | 56 | 22 | 20 | 4 | 3 | .. | .. | .. | * | * | * | * | * |
| **BRITISH INDIA.** | | | | | | | | | | | | | | | | | | |
| 1940 | . . | 6,692 | 7,808 | 8,784 | 10,901 | 11,871 | 8,900 | 5,788 | 3,236 | 1,736 | 1,436 | 2,037 | 3,687 | 12,589 | 21,023 | 33,612 | 17·3 | 28·8 |
| 1941 | . . | 5,180 | 6,050 | 9,289 | 11,379 | 9,463 | 6,133 | 4,154 | 2,445 | 1,368 | 898 | 1,120 | 1,828 | 7,196 | 11,358 | 18,554 | 16·1 | 25·4 |
| 1942 | . . | 2,490 | 2,945 | 3,780 | 3,921 | 3,711 | 2,818 | 1,832 | 1,128 | 831 | 795 | 1,060 | 1,826 | 3,765 | 6,930 | 10,695 | 16·9 | 31·1 |
| 1943 | . . | 2,861 | 3,240 | 5,253 | 5,775 | 5,921 | 4,745 | 4,036 | 3,182 | 2,542 | 2,428 | 3,285 | 9,106 | 6,011 | 9,224 | 15,235 | 11·5 | 20·8 |
| 1944 | . . | 18,487 | 25,877 | 34,984 | 43,569 | 34,326 | 19,398 | 12,761 | 7,984 | 4,575 | 3,734 | 3,715 | 7,128 | 17,488 | 45,384 | 62,872 | 8·1 | 20·9 |

* Not available.

## TABLE 20.—DEATHS FROM PLAGUE BY MONTH AND NUMBER OF ANTI-PLAGUE INOCULATIONS PERFORMED.

| | Jan. | Feb. | Mar. | Apr. | May. | June. | July. | Aug. | Sep. | Oct. | Nov. | Dec. | No. of anti-plague inoculations. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **N. W. F. P.** | | | | | | | | | | | | | |
| 1940 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| 1941 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| 1942 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| 1943 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| 1944 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| **PUNJAB.** | | | | | | | | | | | | | |
| 1940 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| 1941 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| 1942 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| 1943 | .. | .. | .. | 1 | .. | .. | .. | .. | .. | .. | .. | .. | 149 |
| 1944 | .. | .. | .. | 17 | 22 | .. | .. | .. | .. | .. | 8 | 14 | 18,881 |
| **DELHI.** | | | | | | | | | | | | | |
| 1940 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| 1941 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| 1942 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| 1943 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 80 |
| 1944 | .. | .. | .. | 2 | 1 | .. | .. | .. | .. | .. | .. | .. | .. |
| **UNITED PROVINCES.** | | | | | | | | | | | | | |
| 1940 | 1,682 | 2,138 | 3,443 | 2,849 | 986 | 280 | 66 | 9 | 17 | 29 | 66 | 180 | 193,046 |
| 1941 | 499 | 800 | 1,289 | 687 | 129 | 41 | 29 | 26 | 23 | 40 | 101 | 371 | 117,031 |
| 1942 | 793 | 1,421 | 2,808 | 2,325 | 875 | 101 | 189 | 1 | 21 | 42 | 89 | 288 | 132,852 |
| 1943 | 864 | 1,240 | 2,051 | 1,734 | 753 | 179 | 128 | 71 | 80 | 74 | 106 | 276 | 175,238 |
| 1944 | 662 | 1,302 | 3,738 | 4,759 | 2,440 | 339 | 130 | 57 | 96 | 168 | 572 | 1,191 | 322,968 |
| **BIHAR.** | | | | | | | | | | | | | |
| 1940 | 74 | 210 | 362 | 230 | 120 | .. | 18 | 8 | 4 | 1 | .. | 13 | 28,258 |
| 1941 | 7 | 34 | 27 | 30 | 13 | .. | 14 | .. | 3 | 1 | .. | .. | 3,339 |
| 1942 | 11 | 18 | 10 | 27 | 20 | .. | .. | 1 | .. | 12 | 2 | 7 | 3,156 |
| 1943 | 23 | 63 | 57 | 57 | 11 | 14 | .. | 13 | 6 | 3 | .. | 19 | 14,530 |
| 1944 | 3 | 114 | 275 | 202 | 61 | 44 | 25 | 5 | 56 | 3 | 12 | 34 | 16,508 |

**Orissa.**

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1940 | . | . | . | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| 1941 | . | .. | . | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| 1942 | . | . | . | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| 1943 | . | . | . | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| 1944 | . | . | . | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |

**Bengal.**

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1940 | . | . | . | .. | .. | 1 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| 1941 | . | . | . | .. | 1 | 1 | .. | .. | .. | .. | .. | .. | .. | .. | .. | 65 |
| 1942 | . | . | . | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| 1943 | . | . | . | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| 1944 | . | . | . | .. | .. | .. | 3 | .. | .. | .. | .. | .. | .. | .. | .. | 464 |

**Central Provinces.**

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1940 | . | . | . | 19 | 44 | 63 | 27 | 5 | 1 | .. | 2 | 29 | 25 | 19 | 49 | 24,275 |
| 1941 | . | . | . | 48 | 104 | 289 | 162 | 3 | .. | .. | 3 | 73 | 47 | 26 | 6 | 32,134 |
| 1942 | . | . | . | 42 | 25 | 19 | 26 | 5 | .. | .. | .. | 9 | .. | 1 | 2 | 5,450 |
| 1943 | . | . | . | 3 | 15 | 37 | 9 | .. | .. | .. | 3 | 6 | 23 | 18 | 30 | 21,915 |
| 1944 | . | . | . | 45 | 84 | 265 | 257 | 39 | .. | .. | 9 | 35 | 19 | 70 | 87 | 78,126 |

**Bombay.**

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1940 | . | . | . | 374 | 516 | 382 | 114 | 18 | 37 | 202 | 484 | 855 | 844 | 904 | 843 | 591,667 |
| 1941 | . | . | . | 868 | 791 | 456 | 181 | 47 | 82 | 398 | 761 | 643 | 571 | 317 | 196 | 332,437 |
| 1942 | . | . | . | 175 | 133 | 87 | 40 | 23 | 6 | 39 | 40 | 42 | 53 | 28 | 14 | 19,611 |
| 1943 | . | . | . | 27 | 19 | 15 | 14 | 3 | 9 | 10 | 29 | 56 | 147 | 185 | 201 | 215,415 |
| 1944 | . | . | . | 132 | 163 | 102 | 36 | 11 | 4 | 30 | 158 | 185 | 319 | 615 | 759 | 304,812 |

**Sind.**

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1940 | . | . | . | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| 1941 | . | . | . | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| 1942 | . | . | . | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| 1943 | . | . | . | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| 1944 | . | . | . | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 80 |

TABLE 20.—DEATHS FROM PLAGUE BY MONTH AND NUMBER OF ANTI-PLAGUE INOCULATIONS PERFORMED—*contd.*

| | Jan. | Feb. | Mar. | Apr. | May. | June. | July. | Aug. | Sep. | Oct. | Nov. | Dec. | No. of anti-plague inoculations. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **MADRAS.** | | | | | | | | | | | | | |
| 1940 | 29 | 36 | 25 | 3 | 3 | 6 | 16 | 27 | 78 | 139 | 319 | 488 | 213,400 |
| 1941 | 640 | 556 | 147 | 49 | .. | 7 | 14 | 25 | 96 | 88 | 41 | 63 | 277,921 |
| 1942 | 64 | 34 | 27 | 34 | 21 | 9 | 59 | 104 | 101 | 79 | 62 | 107 | 210,475 |
| 1943 | 372 | 176 | 128 | 28 | 5 | 100 | 234 | 541 | 584 | 855 | 1,078 | 784 | 335,431 |
| 1944 | 660 | 313 | 123 | 56 | 9 | 8 | 24 | 114 | 101 | 66 | 101 | 163 | 330,000 |
| **COORG.** | | | | | | | | | | | | | |
| 1940 | .. | .. | 1 | .. | 1 | .. | .. | 1 | .. | .. | .. | 5 | 10,781 |
| 1941 | 9 | .. | 3 | .. | 1 | .. | .. | .. | 6 | 1 | .. | .. | 8,972 |
| 1942 | .. | .. | 1 | 4 | 1 | .. | .. | .. | .. | .. | .. | .. | 3,720 |
| 1943 | .. | .. | 1 | .. | .. | 3 | .. | 3 | .. | 1 | 3 | .. | 1,288 |
| 1944 | 4 | .. | .. | .. | .. | .. | .. | 2 | 2 | .. | .. | .. | 9,840 |
| **ASSAM.** | | | | | | | | | | | | | |
| 1940 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| 1941 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| 1942 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| 1943 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| 1944 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| **AJMER-MERWARA.** | | | | | | | | | | | | | |
| 1940 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| 1941 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| 1942 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| 1943 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| 1944 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| **BRITISH INDIA.** | | | | | | | | | | | | | |
| 1940 | 2,178 | 2,944 | 4,277 | 3,223 | 1,113 | 324 | 302 | 531 | 983 | 1,038 | 1,308 | 1,578 | 1,061,427 |
| 1941 | 2,071 | 2,286 | 2,212 | 1,169 | 193 | 130 | 455 | 815 | 844 | 748 | 485 | 636 | 771,899 |
| 1942 | 1,085 | 1,631 | 2,952 | 2,456 | 945 | 116 | 287 | 146 | 173 | 186 | 182 | 418 | 375,264 |
| 1943 | 1,289 | 1,513 | 2,289 | 1,843 | 772 | 305 | 372 | 660 | 732 | 1,103 | 1,390 | 1,310 | 775,646 |
| 1944 | 1,506 | 1,976 | 4,503 | 5,382 | 2,583 | 395 | 209 | 345 | 475 | 575 | 1,378 | 2,248 | 1,081,679 |

## Table 21—Deaths from Fevers including Malaria by Month and Reported Malaria Deaths in Rural and Urban Areas.

| | Jan. | Feb. | Mar. | Apr. | May. | June. | July. | Aug. | Sept. | Oct. | Nov. | Dec. | Reported Malaria Deaths. | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | Rural | Urban | Total. |
| N. W.F.P.— | | | | | | | | | | | | | | | |
| 1940 | 3,145 | 3,080 | 2,803 | 2,559 | 2,832 | 3,065 | 3,405 | 2,636 | 3,239 | 3,496 | 5,397 | 6,355 | * | 36† | .. |
| 1941 | 5,274 | 4,520 | 3,977 | 3,272 | 3,654 | 3,576 | 3,518 | 3,604 | 3,370 | 3,695 | 6,013 | 6,328 | * | 93† | .. |
| 1942 | 5,491 | 4,306 | 3,847 | 2,517 | 2,850 | 2,955 | 2,341 | 2,500 | 2,272 | 3,616 | 4,262 | 4,811 | * | 67† | .. |
| 1943 | 5,126 | 4,453 | 3,804 | 2,603 | 2,543 | 2,664 | 2,874 | 2,615 | 2,447 | 3,096 | 3,812 | 4,456 | * | 70† | .. |
| 1944 | 4,582 | 3,626 | 3,655 | 2,703 | 2,563 | 2,807 | 2,224 | 2,080 | 2,307 | 2,911 | 3,330 | 3,919 | * | 66† | .. |
| Punjab— | | | | | | | | | | | | | | | |
| 1940 | 32,837 | 27,737 | 26,936 | 30,367 | 41,618 | 45,914 | 38,867 | 36,296 | 45,701 | 49,936 | 48,391 | 48,991 | 2,174 | 1,044 | 3,218 |
| 1941 | 39,502 | 30,451 | 33,537 | 36,993 | 53,708 | 43,417 | 42,494 | 41,276 | 39,928 | 48,203 | 59,913 | 60,213 | 2,698 | 1,668 | 4,366 |
| 1942 | 43,965 | 32,285 | 28,872 | 30,837 | 45,047 | 44,143 | 33,468 | 37,581 | 63,035 | 118,975 | 97,438 | 75,610 | 15,354 | 2,584 | 17,938 |
| 1943 | 51,602 | 42,448 | 41,360 | 37,329 | 43,840 | 46,528 | 40,639 | 40,188 | 49,468 | 59,990 | 63,134 | 63,397 | 4,772 | 2,089 | 6,861 |
| 1944 | 52,876 | 44,935 | 42,245 | 39,081 | 52,953 | 52,772 | 40,644 | 36,175 | 44,288 | 62,303 | 65,717 | 57,314 | 6,434 | 2,362 | 8,796 |
| Delhi— | | | | | | | | | | | | | | | |
| 1940 | 145 | 113 | 156 | 262 | 583 | 817 | 406 | 260 | 397 | 347 | 249 | 171 | 78 | 251 | 329 |
| 1941 | 153 | 132 | 291 | 509 | 768 | 451 | 557 | 249 | 237 | 268 | 232 | 160 | 6 | 282 | 288 |
| 1942 | 132 | 125 | 167 | 248 | 346 | 465 | 250 | 351 | 726 | 1,441 | 797 | 316 | 468 | 681 | 1,149 |
| 1943 | 154 | 141 | 214 | 267 | 427 | 434 | 361 | 362 | 609 | 844 | 612 | 485 | 111 | 841 | 952 |
| 1944 | 535 | 352 | 403 | 241 | 629 | 604 | 260 | 465 | 510 | 514 | 374 | 371 | 85 | 1,079 | 1,164 |
| U. P.— | | | | | | | | | | | | | | | |
| 1940 | 69,556 | 57,953 | 58,730 | 70,464 | 72,849 | 80,804 | 67,587 | 63,269 | 68,076 | 69,068 | 65,776 | 69,490 | 690,692 | 26,627 | 717,319 |
| 1941 | 53,989 | 48,874 | 56,597 | 78,839 | 88,309 | 74,409 | 77,419 | 69,630 | 60,330 | 59,448 | 66,953 | 68,134 | 679,595 | 27,861 | 707,456 |
| 1942 | 56,978 | 51,636 | 49,700 | 58,249 | 73,169 | 76,305 | 60,328 | 56,349 | 67,811 | 101,216 | 98,158 | 83,954 | 713,710 | 33,7. 2 | 747,462 |
| 1943 | 62,963 | 56,282 | 53,343 | 62,090 | 63,993 | 72,182 | 67,184 | 62,153 | 69,014 | 98,075 | 115,871 | 100,921 | 762,033 | 38,661 | 800,694 |
| 1944 | 76,506 | 69,367 | 64,590 | 61,799 | 75,006 | 83,274 | 73,977 | 69,451 | 63,954 | 68,414 | 70,692 | 69,831 | 716,841 | 31,108 | 747,949 |

*Not available.
†For Municipalities only.

TABLE 21.—DEATHS FROM FEVERS INCLUDING MALARIA BY MONTH AND REPORTED MALARIA DEATHS IN RURAL AND URBAN AREAS—*contd.*

| | Jan. | Feb. | Mar. | Apr. | May. | June. | July. | Aug. | Sept. | Oct. | Nov. | Dec. | Reported Malaria Deaths. Rural. | Urban. | Total. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Bihar—** | | | | | | | | | | | | | | | |
| 1940 | 49,128 | 40,210 | 41,603 | 47,866 | 52,004 | 50,216 | 44,190 | 50,195 | 52,878 | 48,217 | 45,947 | 49,917 | * | 3,777† | .. |
| 1941 | 43,221 | 33,203 | 42,118 | 49,572 | 49,959 | 44,892 | 46,910 | 46,706 | 50,105 | 46,036 | 45,864 | 41,569 | * | 1,057† | .. |
| 1942 | 36,334 | 34,036 | 32,846 | 36,072 | 44,860 | 43,250 | 32,767 | 27,004 | 31,806 | 42,362 | 44,759 | 43,201 | * | * | * |
| 1943 | 37,013 | 35,091 | 33,559 | 36,686 | 34,876 | 35,366 | 34,172 | 35,465 | 39,331 | 44,507 | 46,790 | 48,890 | * | 672† | .. |
| 1944 | 41,730 | 40,305 | 39,491 | 46,152 | 46,557 | 47,072 | 44,571 | 50,551 | 56,384 | 59,974 | 56,190 | 59,963 | * | 1,658† | .. |
| **Orissa—** | | | | | | | | | | | | | | | |
| 1940 | 9,736 | 7,149 | 6,705 | 7,254 | 6,686 | 5,139 | 6,100 | 6,698 | 7,352 | 7,638 | 8,898 | 10,858 | * | 497† | .. |
| 1941 | 10,597 | 8,284 | 9,628 | 9,193 | 8,527 | 7,432 | 9,435 | 9,594 | 8,490 | 8,246 | 8,606 | 9,816 | * | 589† | .. |
| 1942 | 9,404 | 8,100 | 7,979 | 8,072 | 7,342 | 6,456 | 6,453 | 8,686 | 9,472 | 9,894 | 9,899 | 11,241 | * | 378† | .. |
| 1943 | 9,221 | 9,280 | 8,927 | 8,767 | 7,808 | 6,883 | 6,615 | 9,549 | 9,426 | 11,206 | 14,409 | 15,609 | * | 769† | .. |
| 1944 | 13,603 | 10,397 | 11,040 | 10,632 | 9,789 | 7,943 | 7,301 | 10,161 | 11,321 | 12,248 | 11,973 | 12,865 | * | 564† | .. |
| **Bengal—** | | | | | | | | | | | | | | | |
| 1940 | 59,935 | 47,617 | 49,750 | 57,030 | 52,486 | 45,617 | 47,622 | 53,356 | 55,330 | 62,306 | 82,866 | 103,601 | 367,481 | 1,967 | 369,448 |
| 1941 | 77,845 | 60,343 | 64,019 | 61,957 | 51,929 | 46,794 | 50,454 | 51,281 | 49,164 | 63,007 | 74,931 | 81,160 | 386,304 | 2,077 | 388,381 |
| 1942 | 68,830 | 52,669 | 56,099 | 58,716 | 57,862 | 50,243 | 51,506 | 54,722 | 60,501 | 73,194 | 89,936 | 108,034 | 423,607 | 2,966 | 426,573 |
| 1943 | 74,203 | 57,981 | 55,303 | 60,177 | 60,758 | 58,288 | 75,502 | 88,380 | 92,845 | 124,773 | 174,934 | 219,540 | 681,258 | 7,146 | 688,404 |
| 1944 | 154,250 | 110,845 | 97,448 | 93,732 | 87,447 | 67,567 | 67,982 | 74,367 | 76,181 | 89,334 | 105,030 | 112,857 | 753,886 | 9,334 | 763,220 |
| **C. P.—** | | | | | | | | | | | | | | | |
| 1940 | 25,694 | 22,213 | 24,601 | 26,658 | 28,189 | 21,169 | 18,357 | 21,962 | 28,131 | 27,401 | 25,026 | 22,532 | 249,123 | 16,142 | 265,265 |
| 1941 | 20,274 | 18,095 | 20,974 | 23,280 | 26,760 | 24,429 | 22,283 | 24,259 | 29,701 | 33,713 | 31,437 | 27,237 | 253,516 | 15,737 | 269,253 |
| 1942 | 23,624 | 20,352 | 20,875 | 23,548 | 27,835 | 27,234 | 17,744 | 23,505 | 33,870 | 39,206 | 32,895 | 30,298 | 268,420 | 17,153 | 285,573 |
| 1943 | 19,593 | 20,166 | 22,390 | 25,650 | 25,245 | 19,457 | 19,334 | 22,056 | 24,605 | 28,559 | 30,652 | 29,178 | 239,006 | 15,103 | 254,109 |
| 1944 | 22,315 | 19,113 | 20,353 | 24,698 | 31,624 | 25,807 | 20,533 | 23,353 | 27,130 | 33,035 | 30,853 | 28,200 | 249,544 | 15,063 | 264,607 |

*Not available.
†For Municipalities only.

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Bombay—** | | | | | | | | | | | | | | | |
| 1940 | 14,227 | 12,618 | 14,979 | 14,870 | 14,920 | 12,240 | 13,174 | 15,002 | 14,728 | 15,500 | 15,077 | 15,523 | 27,006 | 2,596 | **29,602** |
| 1941 | 14,942 | 12,166 | 14,666 | 15,028 | 14,583 | 11,745 | 12,911 | 14,945 | 16,710 | 18,504 | 18,167 | 16,562 | 29,040 | 3,059 | **32,099** |
| 1942 | 15,849 | 12,366 | 14,919 | 16,366 | 16,149 | 13,308 | 13,576 | 17,178 | 18,383 | 17,751 | 16,901 | 15,610 | 25,630 | 3,276 | **28,906** |
| 1943 | 13,539 | 13,488 | 15,406 | 14,564 | 13,946 | 11,805 | 14,192 | 14,334 | 15,085 | 16,238 | 18,248 | 19,554 | 28,976 | 3,843 | **32,819** |
| 1944 | 16,211 | 15,261 | 16,426 | 18,316 | 19,604 | 15,767 | 16,479 | 17,916 | 18,295 | 20,527 | 20,258 | 19,967 | 37,618 | 4,307 | **41,925** |
| **Sind—** | | | | | | | | | | | | | | | |
| 1940 | 2,728 | 2,343 | 2,213 | 2,415 | 2,334 | 1,831 | 1,897 | 1,813 | 2,104 | 2,701 | 3,350 | 3,511 | 515 | 1,591 | **2,106** |
| 1941 | 4,105 | 5,376 | 2,829 | 2,807 | 2,672 | 2,124 | 2,176 | 2,054 | 2,052 | 2,625 | 3,382 | 3,492 | 831 | 1,900 | **2,731** |
| 1942 | 3,656 | 2,943 | 2,635 | 2,276 | 2,130 | 1,788 | 1,535 | 1,513 | 1,550 | 2,505 | 3,237 | 3,815 | 1,086 | 1,825 | **2,911** |
| 1943 | 4,518 | 3,319 | 2,698 | 2,871 | 2,291 | 1,800 | 1,800 | 1,951 | 1,945 | 2,633 | 3,236 | 2,974 | 789 | 1,707 | **2,496** |
| 1944 | 3,157 | 2,640 | 2,474 | 1,962 | 2,279 | 1,999 | 1,711 | 1,893 | 2,570 | 3,933 | 3,981 | 3,551 | 579 | 2,197 | **2,776** |
| **Madras—** | | | | | | | | | | | | | | | |
| 1940 | 30,467 | 21,588 | 21,807 | 21,600 | 21,843 | 22,217 | 24,988 | 24,812 | 24,433 | 26,113 | 27,970 | 33,289 | * | 1,271† | .. |
| 1941 | 29,477 | 22,705 | 23,430 | 22,450 | 24,751 | 24,752 | 23,133 | 25,931 | 22,596 | 24,368 | 25,420 | 27,454 | * | 1,335† | .. |
| 1942 | 24,012 | 18,959 | 19,166 | 19,367 | 23,594 | 22,606 | 24,756 | 25,113 | 24,685 | 24,368 | 25,314 | 36,504 | * | 1,827† | .. |
| 1943 | 28,046 | 24,002 | 21,295 | 21,487 | 22,152 | 22,909 | 25,125 | 25,605 | 22,459 | 23,489 | 28,295 | 37,001 | * | 1,787† | .. |
| 1944 | 31,011 | 26,242 | 26,844 | 26,093 | 27,962 | 26,752 | 29,166 | 31,095 | 29,041 | 29,241 | 28,583 | 32,285 | * | 2,376† | .. |
| **Coorg—** | | | | | | | | | | | | | | | |
| 1940 | 210 | 190 | 242 | 210 | 241 | 302 | 280 | 239 | 204 | 198 | 154 | 186 | * | * | .. |
| 1941 | 194 | 135 | 235 | 224 | 291 | 326 | 286 | 250 | 170 | 215 | 204 | 195 | * | * | .. |
| 1942 | 226 | 194 | 194 | 191 | 212 | 308 | 293 | 276 | 262 | 202 | 193 | 162 | * | * | .. |
| 1943 | 172 | 184 | 186 | 145 | 200 | 241 | 259 | 233 | 224 | 206 | 182 | 202 | * | * | .. |
| 1944 | 163 | 198 | 193 | 219 | 255 | 268 | 274 | 228 | 190 | 221 | 192 | 224 | * | * | .. |

*Not available.

†For Municipalities only.

TABLE 21.—DEATHS FROM FEVERS INCLUDING MALARIA BY MONTH AND REPORTED MALARIA DEATHS IN RURAL AND URBAN AREAS—*contd.*

| | Jan. | Feb. | March. | Apr. | May. | Jun. | July. | Aug. | Sept. | Oct. | Nov. | Dec. | Reported malaria deaths. Rural | Urban | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Assam—** | | | | | | | | | | | | | | | |
| 1940 | 7,925 | 7,603 | 6,904 | 7,361 | 8,504 | 7,950 | 8,101 | 7,745 | 7,862 | 7,659 | 7,889 | 8,174 | * | 197† | .. |
| 1941 | 8,064 | 7,492 | 6,690 | 8,652 | 8,218 | 8,687 | 8,494 | 7,853 | 7,826 | 8,887 | 8,738 | 8,603 | * | 205† | .. |
| 1942 | 7,501 | 6,837 | 6,347 | 6,496 | 7,503 | 8,359 | 7,632 | 7,192 | 6,762 | 6,763 | 7,541 | 8,587 | * | 256† | .. |
| 1943 | 7,747 | 6,222 | 5,577 | 6,489 | 7,726 | 8,716 | 7,801 | 8,671 | 7,962 | 8,006 | 8,969 | 10,053 | * | 290† | .. |
| 1944 | 9,459 | 8,606 | 7,449 | 8,414 | 7,409 | 10,648 | 10,704 | 9,650 | 7,612 | 8,661 | 7,541 | 8,230 | * | 487† | .. |
| **Ajmer-Merwara—** | | | | | | | | | | | | | | | |
| 1940 | 1,438 | 1,026 | 1,411 | 1,735 | 1,677 | 987 | 579 | 938 | 1,628 | 2,094 | 1,857 | 1,916 | * | 14† | .. |
| 1941 | 1,459 | 1,070 | 916 | 708 | 573 | 431 | 420 | 432 | 649 | 734 | 645 | 733 | * | 215† | .. |
| 1942 | 857 | 766 | 755 | 657 | 648 | 589 | 416 | 735 | 1,233 | 1,430 | 1,053 | 1,143 | * | 436† | .. |
| 1943 | 943 | 964 | 900 | 801 | 727 | 497 | 382 | 599 | 852 | 1,079 | 1,002 | 920 | * | 137† | .. |
| 1944 | 915 | 948 | 839 | 730 | 747 | 614 | 541 | 976 | 1,414 | 1,338 | 1,069 | 1,216 | * | 87† | .. |
| **British India—** | | | | | | | | | | | | | | | |
| 1940 | 307,171 | 251,440 | 258,890 | 290,651 | 306,766 | 298,295 | 278,845 | 285,215 | 312,063 | 322,674 | 338,847 | 374,514 | 1,337,069 | 56,010 | 1,387,287‡ |
| 1941 | 309,096 | 252,845 | 279,957 | 313,484 | 333,702 | 293,465 | 305,490 | 298,064 | 291,328 | 317,949 | 350,505 | 351,656 | 1,351,990 | 56,078 | 1,404,574‡ |
| 1942 | 296,869 | 245,577 | 244,401 | 264,112 | 308,547 | 298,009 | 253,065 | 232,705 | 322,368 | 442,923 | 432,383 | 423,286 | 1,448,275 | 65,201 | 1,510,512 |
| 1943 | 314,840 | 274,021 | 264,872 | 279,926 | 286,532 | 287,860 | 296,240 | 312,161 | 336,272 | 422,701 | 510,146 | 553,180 | 1,716,945 | 73,115 | 1,786,335 |
| 1944 | 427,313 | 352,835 | 333,450 | 334,772 | 364,824 | 343,894 | 316,367 | 328,361 | 341,197 | 392,654 | 405,783 | 410,693 | 1,764,987 | 70,688 | 1,830,437 |

* Not available.

† For municipalities only.

‡ The figures that follow in the column give totals for such provinces only as give rural and buran figures both.

## Table 22.—Deaths from Dysentery and Diarrhœa by Month.

| | Jan. | Feb. | Mar. | Apl. | May. | June. | July. | Aug. | Sept. | Oct. | Nov. | Dec. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **N. W. F. P.—** | | | | | | | | | | | | |
| 1940 . . | 17 | 16 | 16 | 38 | 37 | 29 | 28 | 33 | 23 | 19 | 24 | 23 |
| 1941 . | 13 | 13 | 18 | 18 | 26 | 24 | 33 | 64 | 56 | 92 | 32 | 37 |
| 1942 . . | 18 | 6 | 12 | 22 | 29 | 33 | 19 | 16 | 26 | 38 | 42 | 66 |
| 1943 . . | 15 | 14 | 11 | 12 | 25 | 16 | 34 | 58 | 32 | 40 | 30 | 35 |
| 1944 . . | 10 | 7 | 17 | 22 | 83 | 43 | 51 | 32 | 63 | 51 | 18 | 19 |
| **Punjab—** | | | | | | | | | | | | |
| 1940 . . | 577 | 458 | 625 | 850 | 1,287 | 1,196 | 1,033 | 1,534 | 1,671 | 1,279 | 1,211 | 999 |
| 1941 . . | 729 | 433 | 656 | 941 | 1,299 | 1,099 | 1,333 | 1,425 | 1,259 | 1,366 | 1,358 | 1,054 |
| 1942 . . | 764 | 546 | 605 | 983 | 1,499 | 1,243 | 1,010 | 1,534 | 2,173 | 2,595 | 1,908 | 1,628 |
| 1943 . . | 1,748 | 870 | 567 | 762 | 827 | 889 | 935 | 1,203 | 1,148 | 1,373 | 1,217 | 978 |
| 1944 . . | 687 | 400 | 476 | 673 | 1,231 | 1,082 | 864 | 1,087 | 1,301 | 1,074 | 809 | 632 |
| **Delhi—** | | | | | | | | | | | | |
| 1940 . . | 74 | 66 | 118 | 181 | 215 | 182 | 166 | 201 | 281 | 128 | 98 | 69 |
| 1941 . . | 50 | 42 | 87 | 211 | 233 | 222 | 381 | 211 | 231 | 191 | 167 | 115 |
| 1942 . . | 61 | 43 | 78 | 144 | 165 | 175 | 146 | 330 | 501 | 514 | 370 | 206 |
| 1943 . . | 105 | 83 | 87 | 149 | 299 | 227 | 201 | 307 | 311 | 239 | 255 | 209 |
| 1944 . . | 215 | 194 | 144 | 105 | 182 | 141 | 115 | 192 | 133 | 80 | 102 | 61 |
| **U. P.—** | | | | | | | | | | | | |
| 1940 . . | 810 | 668 | 848 | 1,318 | 1,729 | 2,049 | 1,552 | 1,783 | 1,816 | 1,567 | 1,098 | 1,000 |
| 1941 . . | 830 | 676 | 913 | 1,902 | 2,293 | 2,337 | 2,091 | 1,700 | 1,424 | 1,553 | 1,225 | 953 |
| 1942 . . | 800 | 599 | 935 | 1,363 | 1,733 | 1,427 | 1,197 | 1,828 | 1,951 | 1,920 | 1,621 | 1,221 |
| 1943 . . | 805 | 614 | 841 | 991 | 1,370 | 1,274 | 1,569 | 1,909 | 2,199 | 2,051 | 1,905 | 1,512 |
| 1944 . . | 1,070 | 785 | 951 | 1,244 | 1,874 | 1,902 | 1,625 | 2,196 | 1,878 | 1,479 | 1,273 | 1,063 |

TABLE 22.—DEATHS FROM DYSENTERY AND DIARRHŒA BY MONTH—*contd.*

| | Jan. | Feb. | Mar. | Apr. | May. | June. | July. | Aug. | Sept. | Oct. | Nov. | Dec. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Bihar—** | | | | | | | | | | | | |
| 1940 . . | 194 | 166 | 170 | 210 | 165 | 228 | 260 | 412 | 304 | 291 | 189 | 228 |
| 1941 . . | 152 | 142 | 239 | 264 | 259 | 401 | 395 | 422 | 379 | 271 | 179 | 225 |
| 1942 . . | 122 | 102 | 165 | 359 | 296 | 336 | 291 | 260 | 321 | 289 | 279 | 164 |
| 1943 . . | 143 | 234 | 152 | 163 | 183 | 329 | 228 | 352 | 374 | 270 | 254 | 210 |
| 1944 . . | 223 | 173 | 235 | 277 | 234 | 303 | 352 | 501 | 496 | 419 | 347 | 281 |
| **Orissa—** | | | | | | | | | | | | |
| 1940 . . | 1,411 | 1,117 | 951 | 955 | 960 | 758 | 1,118 | 1,159 | 1,170 | 1,046 | 1,082 | 1,271 |
| 1941 . . | 1,328 | 1,204 | 1,426 | 1,475 | 1,740 | 1,840 | 3,011 | 2,476 | 1,709 | 1,378 | 1,211 | 1,349 |
| 1942 . . | 1,306 | 1,250 | 1,111 | 1,074 | 1,026 | 1,016 | 1,340 | 1,918 | 1,767 | 1,426 | 1,142 | 1,259 |
| 1943 . . | 1,126 | 1,292 | 1,280 | 1,087 | 946 | 943 | 1,297 | 2,218 | 1,990 | 2,247 | 2,388 | 2,351 |
| 1944 . . | 2,192 | 1,600 | 1,602 | 1,363 | 1,165 | 1,173 | 1,174 | 1,753 | 1,953 | 1,824 | 1,410 | 1,594 |
| **Bengal—** | | | | | | | | | | | | |
| 1940 . . | 3,923 | 3,034 | 3,646 | 5,241 | 4,070 | 2,827 | 3,229 | 3,518 | 3,236 | 3,729 | 4,153 | 4,816 |
| 1941 . . | 4,323 | 3,449 | 4,601 | 4,736 | 4,081 | 3,671 | 4,560 | 3,934 | 3,574 | 4,327 | 5,096 | 5,177 |
| 1942 . . | 4,505 | 3,371 | 4,025 | 4,444 | 4,036 | 3,273 | 3,698 | 4,010 | 4,043 | 5,193 | 5,955 | 6,702 |
| 1943 . . | 5,587 | 3,919 | 3,807 | 4,351 | 4,242 | 4,722 | 7,701 | 9,953 | 10,709 | 12,666 | 13,724 | 13,749 |
| 1944 . . | 9,282 | 6,413 | 5,853 | 5,731 | 5,120 | 3,681 | 3,920 | 4,570 | 4,386 | 5,161 | 5,698 | 5,522 |
| **C. P.—** | | | | | | | | | | | | |
| 1940 . . | 1,832 | 1,368 | 1,617 | 1,464 | 1,477 | 1,289 | 1,661 | 3,410 | 3,993 | 3,579 | 2,379 | 1,704 |
| 1941 . . | 1,426 | 1,150 | 1,365 | 1,399 | 1,582 | 1,536 | 2,533 | 4,128 | 4,774 | 3,890 | 2,759 | 1,950 |
| 1942 . . | 1,758 | 1,390 | 1,433 | 1,482 | 1,439 | 1,558 | 2,436 | 4,264 | 5,675 | 4,355 | 2,767 | 1,884 |
| 1943 . . | 1,377 | 1,333 | 1,270 | 1,217 | 1,262 | 1,084 | 1,641 | 2,213 | 2,371 | 2,147 | 1,686 | 1,460 |
| 1944 . . | 1,201 | 1,066 | 1,150 | 1,333 | 1,398 | 1,234 | 1,477 | 2,592 | 3,381 | 3,836 | 2,543 | 1,563 |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Bombay—** | | | | | | | | | | | | | |
| 1940 | . . | 1,349 | 1,247 | 1,257 | 1,201 | 1,546 | 1,597 | 2,584 | 3,482 | 2,567 | 2,017 | 1,708 | 1,610 |
| 1941 | . . | 1,434 | 1,053 | 1,371 | 1,414 | 1,657 | 1,727 | 3,279 | 4,482 | 3,703 | 2,684 | 1,975 | 1,572 |
| 1942 | . . | 1,365 | 982 | 1,070 | 1,182 | 1,649 | 1,863 | 3,345 | 5,025 | 3,893 | 2,567 | 1,841 | 1,594 |
| 1943 | . . | 1,305 | 1,115 | 1,160 | 1,157 | 1,458 | 1,926 | 3,089 | 2,888 | 2,264 | 1,875 | 1,680 | 1,605 |
| 1944 | . . | 1,304 | 1,079 | 1,311 | 1,467 | 1,739 | 1,782 | 2,453 | 3,140 | 2,887 | 2,154 | 1,752 | 1,425 |
| **Sind—** | | | | | | | | | | | | | |
| 1940 | . . | 92 | 58 | 112 | 127 | 142 | 116 | 72 | 82 | 103 | 77 | 66 | 84 |
| 1941 | . . | 89 | 53 | 85 | 104 | 90 | 102 | 126 | 147 | 133 | 95 | 121 | 104 |
| 1942 | . . | 87 | 63 | 79 | 102 | 87 | 53 | 63 | 146 | 132 | 87 | 112 | 113 |
| 1943 | . . | 131 | 78 | 71 | 83 | 88 | 89 | 88 | 133 | 128 | 84 | 100 | 85 |
| 1944 | . . | 96 | 90 | 70 | 81 | 95 | 82 | 77 | 187 | 254 | 164 | 125 | 116 |
| **Madras—** | | | | | | | | | | | | | |
| 1940 | . . | 8,287 | 5,475 | 5,162 | 5,046 | 5,894 | 7,057 | 8,100 | 7,934 | 6,756 | 6,635 | 8,121 | 11,977 |
| 1941 | . . | 10,103 | 6,693 | 6,202 | 5,806 | 7,166 | 7,841 | 10,828 | 9,489 | 7,835 | 8,417 | 8,908 | 9,176 |
| 1942 | . . | 7,244 | 5,164 | 5,314 | 5,246 | 6,716 | 7,404 | 9,550 | 10,011 | 8,550 | 7,704 | 7,435 | 8,232 |
| 1943 | . . | 9,919 | 7,584 | 5,923 | 4,942 | 5,743 | 7,297 | 9,991 | 8,962 | 6,800 | 6,436 | 8,648 | 11,201 |
| 1944 | . . | 8,666 | 6,614 | 6,733 | 6,371 | 6,680 | 7,020 | 9,443 | 11,396 | 9,165 | 7,562 | 7,502 | 9,852 |
| **Coorg—** | | | | | | | | | | | | | |
| 1940 | . . | 5 | 2 | 11 | 7 | 28 | 45 | 19 | 9 | 11 | 2 | 8 | 4 |
| 1941 | . . | 5 | 3 | 18 | 8 | 23 | 17 | 14 | 13 | 5 | 5 | 8 | 5 |
| 1942 | . . | 4 | 3 | 1 | 6 | 13 | 25 | 18 | 11 | 6 | 14 | 5 | 4 |
| 1943 | . . | 4 | 2 | 4 | 5 | 6 | 10 | 11 | 14 | 16 | 8 | 7 | 3 |
| 1944 | . . | 3 | 2 | 7 | 6 | 15 | 13 | 19 | 16 | 22 | 6 | 1 | 11 |
| **Assam—** | | | | | | | | | | | | | |
| 1940 | . . | 746 | 657 | 705 | 655 | 931 | 844 | 806 | 659 | 580 | 735 | 888 | 758 |
| 1941 | . . | 667 | 613 | 486 | 672 | 743 | 836 | 843 | 723 | 813 | 1,040 | 1,057 | 996 |
| 1942 | . . | 913 | 615 | 515 | 664 | 809 | 960 | 750 | 776 | 691 | 844 | 1,023 | 978 |
| 1943 | . . | 872 | 638 | 708 | 662 | 1,005 | 1,175 | 871 | 759 | 928 | 996 | 1,036 | 927 |
| 1944 | . . | 1,012 | 889 | 766 | 783 | 944 | 1,033 | 990 | 1,050 | 855 | 1,021 | 832 | 925 |

## TABLE 22.—DEATHS FROM DYSENTERY AND DIARRHŒA BY MONTH—*contd.*

| | Jan. | Feb. | Mar. | Apr. | May. | June. | July. | Aug. | Sept. | Oct. | Nov. | Dec. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Ajmer-Merwara— | | | | | | | | | | | | |
| 1940 . . | 35 | 16 | 48 | 91 | 147 | 74 | 60 | 99 | 141 | 123 | 123 | 107 |
| 1941 . . | 57 | 35 | 47 | 84 | 72 | 49 | 62 | 75 | 86 | 95 | 71 | 58 |
| 1942 . . | 47 | 32 | 59 | 57 | 70 | 67 | 35 | 102 | 102 | 80 | 55 | 40 |
| 1943 . . | 33 | 35 | 31 | 53 | 66 | 19 | 31 | 78 | 90 | 56 | 46 | 23 |
| 1944 . . | 31 | 18 | 31 | 53 | 47 | 40 | 55 | 83 | 53 | 51 | 48 | 30 |
| British India— | | | | | | | | | | | | |
| 1940 . . | 19,352 | 14,348 | 15,286 | 17,384 | 18,628 | 18,291 | 20,688 | 24,315 | 22,652 | 21,227 | 21,158 | 24,650 |
| 1941 . . | 21,206 | 15,559 | 17,514 | 19,034 | 21,264 | 21,702 | 29,489 | 29,289 | 25,981 | 25,405 | 24,167 | 22,771 |
| 1942 . . | 18,994 | 14,166 | 15,402 | 17,128 | 19,567 | 19,433 | 23,898 | 30,231 | 29,831 | 27,626 | 24,555 | 24,091 |
| 1943 . . | 23,170 | 17,811 | 15,912 | 15,634 | 17,520 | 20,000 | 27,687 | 31,047 | 29,360 | 30,488 | 32,976 | 34,348 |
| 1944 . . | 25,992 | 19,330 | 19,346 | 19,509 | 20,807 | 19,529 | 22,615 | 28,795 | 26,827 | 24,882 | 22,460 | 23,094 |

## TABLE 23.—DEATHS FROM RESPIRATORY DISEASES BY MONTH AND REPORTED DEATHS FROM PULMONARY TUBERCULOSIS.

| | Jan. | Feb. | Mar. | Apr. | May. | June. | July. | Aug. | Sept. | Oct. | Nov. | Dec. | Reported deaths from pulmonary Tuberculosis. Rural. | Urban. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| N.W.F.P.— | | | | | | | | | | | | | | |
| 1940 . | 445 | 305 | 345 | 211 | 191 | 187 | 165 | 170 | 166 | 148 | 220 | 274 | * | 354† |
| 1941 . | 381 | 349 | 242 | 225 | 168 | 170 | 197 | 244 | 208 | 208 | 335 | 382 | * | 364† |
| 1942 . | 470 | 368 | 252 | 178 | 159 | 152 | 109 | 130 | 110 | 187 | 204 | 226 | * | 280† |
| 1943 . | 368 | 340 | 197 | 104 | 152 | 103 | 113 | 142 | 125 | 140 | 284 | 285 | * | 256† |
| 1944 . | 412 | 254 | 306 | 126 | 165 | 85 | 108 | 124 | 61 | 119 | 208 | 292 | * | 249† |
| Punjab— | | | | | | | | | | | | | | |
| 1940 . | 9,208 | 7,257 | 5,872 | 4,811 | 5,085 | 4,493 | 4,331 | 4,297 | 4,531 | 4,538 | 5,612 | 7,268 | 10,288 | 2,935 |
| 1941 . | 8,908 | 7,339 | 6,241 | 5,249 | 5,248 | 4,304 | 3,879 | 3,744 | 3,333 | 3,855 | 5,061 | 6,965 | 8,740 | 2,682 |
| 1942 . | 8,128 | 6,504 | 5,180 | 4,212 | 4,119 | 3,646 | 3,049 | 3,746 | 3,556 | 4,017 | 4,253 | 6,058 | 7,579 | 2,497 |
| 1943 . | 7,832 | 7,285 | 6,090 | 4,902 | 4,255 | 3,653 | 3,286 | 3,025 | 2,714 | 3,565 | 5,110 | 8,982 | 6,881 | 2,109 |
| 1944 . | 11,480 | 9,535 | 7,486 | 5,232 | 4,809 | 3,696 | 3,017 | 2,994 | 3,050 | 4,106 | 4,666 | 6,147 | 6,859 | 2,089 |

* Not available.

† For Municipalities only.

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Delhi—** | | | | | | | | | | | | | | | |
| 1940 | 572 | 494 | 438 | 523 | 603 | 638 | 438 | 448 | 517 | 473 | 515 | 582 | 207 | 1,033 |
| 1941 | 524 | 494 | 473 | 576 | 776 | 577 | 501 | 373 | 397 | 406 | 607 | 578 | 147 | 921 |
| 1942 | 633 | 456 | 384 | 339 | 421 | 443 | 308 | 366 | 476 | 583 | 674 | 607 | 131 | 807 |
| 1943 | 497 | 415 | 481 | 431 | 475 | 445 | 421 | 394 | 451 | 575 | 706 | 958 | 94 | 745 |
| 1944 | 1,089 | 816 | 632 | 518 | 583 | 417 | 441 | 501 | 413 | 446 | 553 | 612 | 89 | 1,074 |
| **U.P.—** | | | | | | | | | | | | | | |
| 1940 | 4,310 | 3,482 | 3,601 | 3,628 | 3,754 | 3,519 | 2,820 | 2,878 | 2,920 | 2,855 | 3,043 | 3,483 | 576 | 5,263 |
| 1941 | 3,517 | 3,131 | 3,566 | 4,431 | 4,309 | 3,461 | 3,089 | 2,819 | 2,748 | 2,956 | 3,555 | 3,941 | 760 | 5,100 |
| 1942 | 3,829 | 3,121 | 2,891 | 3,120 | 3,438 | 3,641 | 2,503 | 2,711 | 2,627 | 3,516 | 3,142 | 3,577 | 739 | 4,563 |
| 1943 | 2,962 | 2,758 | 2,921 | 3,030 | 3,387 | 2,779 | 2,514 | 2,454 | 2,887 | 3,652 | 3,307 | 3,750 | 424 | 4,219 |
| 1944 | 3,866 | 3,382 | 3,407 | 2,946 | 3,337 | 3,310 | 2,447 | 2,563 | 2,376 | 2,807 | 3,270 | 3,515 | 450 | 3,703 |
| **Bihar—** | | | | | | | | | | | | | | |
| 1940 | 369 | 263 | 262 | 200 | 179 | 209 | 177 | 245 | 254 | 239 | 163 | 231 | * | 155† |
| 1941 | 187 | 183 | 218 | 196 | 274 | 217 | 260 | 202 | 212 | 153 | 157 | 183 | * | 20† |
| 1942 | 181 | 134 | 171 | 334 | 207 | 163 | 120 | 185 | 110 | 215 | 128 | 100 | * | * |
| 1943 | 197 | 161 | 173 | 172 | 137 | 169 | 141 | 159 | 200 | 207 | 112 | 143 | * | * |
| 1944 | 188 | 181 | 191 | 229 | 178 | 218 | 219 | 200 | 262 | 225 | 253 | 274 | * | 20† |
| **Orissa—** | | | | | | | | | | | | | | |
| 1940 | 524 | 409 | 422 | 387 | 352 | 311 | 348 | 392 | 344 | 335 | 362 | 404 | * | 15† |
| 1941 | 411 | 377 | 427 | 433 | 410 | 401 | 572 | 473 | 417 | 379 | 400 | 416 | * | 10† |
| 1942 | 423 | 412 | 406 | 361 | 324 | 311 | 363 | 416 | 367 | 414 | 365 | 434 | * | 24† |
| 1943 | 410 | 416 | 438 | 401 | 328 | 309 | 364 | 424 | 370 | 458 | 419 | 484 | * | 9† |
| 1944 | 470 | 354 | 420 | 460 | 320 | 303 | 323 | 383 | 354 | 397 | 378 | 451 | * | 13† |
| **Bengal—** | | | | | | | | | | | | | | |
| 1940 | 8,821 | 8,070 | 7,485 | 7,581 | 6,696 | 5,662 | 5,603 | 5,810 | 5,799 | 6,541 | 7,569 | 9,566 | 7,938 | 4,425 |
| 1941 | 9,069 | 8,301 | 8,921 | 7,460 | 6,612 | 5,571 | 6,016 | 5,628 | 5,526 | 6,567 | 7,153 | 7,823 | 8,322 | 4,545 |
| 1942 | 7,211 | 6,843 | 6,521 | 5,862 | 5,419 | 4,881 | 5,002 | 4,980 | 5,178 | 6,020 | 6,636 | 8,257 | 7,583 | 3,537 |
| 1943 | 7,080 | 6,268 | 6,149 | 5,371 | 5,236 | 4,739 | 5,543 | 5,881 | 5,612 | 7,384 | 8,916 | 9,704 | 6,610 | 3 782 |
| 1944 | 8,475 | 7,437 | 8,077 | 7,762 | 6,387 | 5,684 | 5,490 | 5,741 | 5,606 | 6,251 | 7,611 | 8,733 | 7,392 | 4,050 |
| **C.P.—** | | | | | | | | | | | | | | |
| 1940 | 4,052 | 4,330 | 4,397 | 4,026 | 3,782 | 2,612 | 2,615 | 3,191 | 3,641 | 3,691 | 3,596 | 3,402 | 852 | 515 |
| 1941 | 3,512 | 3,100 | 3,397 | 3,424 | 3,339 | 2,638 | 2,982 | 3,168 | 3,849 | 3,848 | 4,306 | 4,254 | 938 | 453 |
| 1942 | 3,964 | 3,825 | 3,744 | 3,590 | 3,261 | 2,902 | 2,399 | 2,999 | 3,695 | 3,904 | 3,650 | 3,702 | 786 | 854 |
| 1943 | 2,620 | 3,067 | 3,697 | 3,821 | 2,817 | 2,180 | 2,165 | 2,609 | 2,734 | 3,091 | 3,456 | 3,636 | 597 | 735 |
| 1944 | 3,110 | 3,003 | 2,997 | 3,263 | 3,211 | 2,465 | 2,119 | 2,683 | 2,918 | 3,529 | 3,592 | 3,825 | 696 | 559 |

* Not available.

† For Municipalities only.

TABLE 23.—DEATHS FROM RESPIRATORY DISEASES BY MONTH AND REPORTED DEATHS FROM PULMONARY TUBERCULOSIS—*contd.*

| | Jan. | Feb. | Mar. | Apr. | May. | June. | July. | Aug. | Sept. | Oct. | Nov. | Dec. | Reported deaths from Pulmonary Tuberculosis. Rural. | Urban. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bombay— | | | | | | | | | | | | | | |
| 1940 .. .. | 10,236 | 8,863 | 9,632 | 8,840 | 8,327 | 6,910 | 7,640 | 8,395 | 8,076 | 8,167 | 8,589 | 9,321 | 14,785 | 7,350 |
| 1941 .. .. | 9,876 | 8,185 | 9,054 | 8,579 | 7,596 | 6,834 | 7,522 | 8,637 | 8,787 | 9,773 | 10,074 | 10,621 | 15,924 | 7,017 |
| 1942 .. .. | 10,422 | 8,242 | 9,049 | 8,100 | 7,401 | 6,526 | 7,544 | 9,185 | 9,154 | 8,758 | 8,826 | 8,927 | 16,025 | 6,547 |
| 1943 .. .. | 8,456 | 8,293 | 9,172 | 8,229 | 7,285 | 6,686 | 8,037 | 8,187 | 8,113 | 8,750 | 9,423 | 10,075 | 14,353 | 6,976 |
| 1944 .. .. | 9,500 | 9,387 | 9,233 | 9,112 | 9,133 | 7,448 | 7,999 | 8,880 | 9,371 | 9,725 | 9,044 | 9,566 | 14,925 | 7,379 |
| Sind— | | | | | | | | | | | | | | |
| 1940 .. .. | 1,379 | 1,258 | 1,003 | 890 | 744 | 564 | 556 | 501 | 440 | 482 | 630 | 873 | 535 | 1,319 |
| 1941 .. .. | 1,284 | 1,389 | 910 | 694 | 567 | 533 | 505 | 522 | 481 | 446 | 592 | 1,121 | 575 | 1,283 |
| 1942 .. .. | 1,825 | 1,357 | 1,116 | 749 | 590 | 491 | 489 | 514 | 477 | 513 | 664 | 1,046 | 497 | 1,691 |
| 1943 .. .. | 1,691 | 1,406 | 1,061 | 767 | 654 | 538 | 568 | 560 | 500 | 527 | 648 | 868 | 472 | 1,097 |
| 1944 .. .. | 1,122 | 1,049 | 1,026 | 742 | 662 | 548 | 455 | 640 | 692 | 770 | 820 | 997 | 572 | 1,227 |
| Madras— | | | | | | | | | | | | | | |
| 1940 .. .. | 9,769 | 7,586 | 7,344 | 7,462 | 7,597 | 7,641 | 8,392 | 8,515 | 7,863 | 8,002 | 9,013 | 10,492 | * | 5,524† |
| 1941 .. .. | 9,497 | 7,747 | 7,769 | 7,533 | 8,547 | 8,486 | 9,137 | 8,493 | 8,307 | 9,210 | 9,266 | 9,774 | * | 6,418† |
| 1942 .. .. | 8,755 | 7,108 | 7,102 | 7,198 | 7,473 | 7,657 | 8,211 | 8,383 | 8,691 | 8,344 | 8,438 | 9,397 | * | 6,069† |
| 1943 .. .. | 9,914 | 8,694 | 8,027 | 7,356 | 7,872 | 8,037 | 9,139 | 8,820 | 8,235 | 8,777 | 9,950 | 11,450 | * | 6,731† |
| 1944 .. .. | 10,018 | 8,630 | 8,912 | 8,582 | 9,162 | 8,672 | 9,392 | 9,842 | 9,234 | 9,381 | 9,540 | 10,477 | * | 7,246† |
| Coorg :— | | | | | | | | | | | | | | |
| 1940 .. .. | 10 | 11 | 9 | 10 | 14 | 12 | 14 | 8 | 15 | 12 | 11 | 7 | .. | .. |
| 1941 .. .. | 18 | 8 | 7 | 10 | 10 | 14 | 19 | 13 | 50 | 18 | 5 | 10 | .. | .. |
| 1942 .. .. | 8 | 10 | 15 | 4 | 6 | 15 | 8 | 17 | 18 | 18 | 7 | 5 | .. | .. |
| 1943 .. .. | 10 | 10 | 12 | 9 | 9 | 10 | 11 | 9 | 11 | 9 | 6 | 2 | .. | .. |
| 1944 .. .. | 6 | 4 | 10 | 15 | 10 | 4 | 6 | 10 | 5 | 12 | 4 | 11 | .. | .. |

* Not available.
† For Municipalities only.

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Assam—** | | | | | | | | | | | | | | |
| 1940 .. .. | 600 | 503 | 441 | 389 | 376 | 403 | 414 | 426 | 346 | 394 | 373 | 410 | * | 100† |
| 1941 .. .. | 461 | 380 | 393 | 404 | 348 | 348 | 320 | 416 | 410 | 458 | 447 | 397 | * | 100† |
| 1942 .. .. | 456 | 393 | 353 | 327 | 315 | 267 | 342 | 301 | 341 | 382 | 317 | 462 | * | 79† |
| 1943 .. .. | 478 | 493 | 491 | 404 | 376 | 365 | 327 | 306 | 322 | 393 | 458 | 403 | * | 75† |
| 1944 .. .. | 456 | 388 | 394 | 314 | 342 | 335 | 369 | 554 | 383 | 388 | 287 | 310 | * | 87† |
| **Ajmer-Merwara—** | | | | | | | | | | | | | | |
| 1940 .. .. | 363 | 235 | 278 | 259 | 373 | 214 | 213 | 196 | 249 | 341 | 385 | 308 | * | 636† |
| 1941 .. .. | 273 | 225 | 253 | 302 | 237 | 189 | 139 | 176 | 205 | 225 | 255 | 318 | * | 566† |
| 1942 .. .. | 325 | 202 | 258 | 346 | 329 | 248 | 152 | 166 | 219 | 285 | 251 | 245 | * | 554† |
| 1943 .. .. | 220 | 187 | 204 | 245 | 322 | 167 | 143 | 211 | 239 | 240 | 226 | 266 | * | 594† |
| 1944 .. .. | 297 | 290 | 244 | 289 | 357 | 225 | 168 | 122 | 97 | 107 | 204 | 142 | * | 420† |
| **British India—** | | | | | | | | | | | | | | |
| 1940 .. .. | 51,258 | 42,976 | 41,529 | 39,217 | 38,073 | 33,375 | 33,726 | 35,471 | 35,161 | 36,218 | 40,081 | 46,621 | 35,181‡ | 29,624‡ |
| 1941 .. .. | 47,918 | 41,208 | 41,871 | 39,516 | 38,441 | 33,7 3 | 35,138 | 34,908 | 34,930 | 38,472 | 42,213 | 46,783 | 35,406 | 29,485 |
| 1942 .. .. | 46,630 | 38,975 | 37,442 | 34,720 | 33,462 | 31,343 | 30,599 | 33,999 | 34,428 | 37,756 | 37,555 | 43,043 | 33,340 | 27,508 |
| 1943 .. .. | 42,744 | 39,793 | 39,113 | 35,242 | 33,305 | 30,180 | 32,772 | 33,181 | 32,513 | 37,768 | 43,521 | 51,006 | 29,431 | 27,328 |
| 1944 .. .. | 50,489 | 44,710 | 43,337 | 39,590 | 38,656 | 33,410 | 32,548 | 35,237 | 34,862 | 38,323 | 40,320 | 45,552 | 31,013 | 28,116 |

* Not available.
† For Municipalities only.
‡ This and the following figures in the column are totals only as they do not give British India figures completely.

TABLE 24.—PATIENTS TREATED FOR DIFFERENT KINDS OF TUBERCULOSIS IN HOSPITALS AND OTHER INSTITUTIONS.

| | No. of Hospitals & other Institutions reporting. | No. of Patients treated for: Pulmonary Tuberculosis. | Tuberculosis of glands. | Osteo Articular Tuberculosis. | Meningeal Tuberculosis | Abdominal Tuberculosis | Tuberculosis of the skin. | Spinal Tuberculosis | Genito Urinary Tuberculosis | All other forms of Tuberculosis. | Total. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| N.W.F.P.— | | | | | | | | | | | |
| 1940 | 11 | 7,233 | 1,521 | 782 | 2 | 521 | 147 | 198 | 34 | 434 | 10,872 |
| 1941 | 11 | 3,887 | 824 | 549 | 6 | 395 | 46 | 165 | 5 | 340 | 6,217 |
| 1942 | 11 | 8,820 | 727 | 480 | 3 | 357 | 71 | 97 | 6 | 1,159 | 11,720 |
| 1943 | 11 | 4,854 | 629 | 175 | 7 | 294 | 17 | 92 | 5 | 715 | 6,788 |
| 1944 | 11 | 4,561 | 615 | 215 | 1 | 416 | 19 | 126 | 17 | 352 | 6,322 |
| Punjab— | | | | | | | | | | | |
| 1940 | 38 | 8,860 | 1,962 | 1,884 | 29 | 3,156 | 54 | 320 | 15 | 1,204 | 17,484 |
| 1941 | 39 | 8,963 | 2,472 | 1,390 | 83 | 2,817 | 75 | 245 | 44 | 1,595 | 17,684 |
| 1942 | 38 | 8,014 | 2,398 | 882 | 39 | 1,666 | 59 | 174 | 38 | 3,118 | 16,388 |
| 1943 | 36 | 9,565 | 1,788 | 1,291 | 36 | 1,733 | 77 | 277 | 45 | 2,591 | 17,403 |
| 1944 | 31 | 9,796 | 1,859 | 992 | 90 | 1,798 | 92 | 360 | 34 | 2,508 | 17,529 |
| Delhi— | | | | | | | | | | | |
| 1940 | 3 | 4,204 | 189 | 116 | .. | 744 | .. | 73 | 2 | 41 | 5,369 |
| 1941 | 4 | 3,698 | 452 | 79 | .. | 728 | 2 | 77 | .. | 61 | 5,097 |
| 1942 | 3 | 1,308 | 165 | 51 | 1 | 120 | 8 | 43 | 18 | 45 | 1,759 |
| 1943 | 3 | 1,344 | 180 | 61 | 2 | 137 | 4 | 44 | 3 | 69 | 1,844 |
| 1944† | 3 | 2,395 | 479 | * | * | * | * | * | * | 508 | 3,382 |
| U. P.— | | | | | | | | | | | |
| 1940 | 55 | 19,850 | 6,019 | 2,334 | 151 | 6,200 | 567 | 837 | 143 | 6,449 | 42,550 |
| 1941 | 56 | 20,072 | 4,947 | 2,237 | 281 | 7,112 | 513 | 1,036 | 130 | 10,978 | 37,306 |
| 1942 | 56 | 17,659 | 4,049 | 1,479 | 18 | 5,841 | 351 | 762 | 191 | 5,966 | 36,316 |
| 1943 | 53 | 13,100 | 3,140 | 1,085 | 62 | 3,701 | 315 | 449 | 54 | 10,359 | 32,265 |
| 1944 | 2 | 14,147 | 3,841 | 1,293 | 55 | 4,380 | 481 | 921 | 111 | 12,432 | 37,661 |

*Not available.
†The figures relate to the three T.B. Clinics in Delhi.

Bihar—

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1940 | 36 | 7,894 | 1,355 | 505 | 1 | 695 | 31 | 266 | 33 | 933 | 11,713 |
| 1941 | 35 | 7,295 | 961 | 86 | .. | 553 | 26 | 293 | 28 | 1,360 | 10,602 |
| 1942 | 30 | 5,745 | 556 | 75 | .. | 334 | 14 | 277 | 39 | 1,589 | 8,629 |
| 1943 | 29 | 5,422 | 652 | 61 | . | 389 | 20 | 305 | 57 | 1,156 | 8,062 |
| 1944 | 29 | 8,069 | 408 | 168 | 2 | 536 | 59 | 95 | 21 | 885 | 10,243 |

Orissa—

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1940 | 6 | 347 | 12 | 21 | .. | 16 | 1 | 1 | 2 | 41 | 441 |
| 1941 | 6 | 332 | 10 | 5 | .. | 7 | .. | .. | .. | 96 | 450 |
| 1942 | 6 | 109 | 9 | 17 | 2 | 1 | .. | 3 | .. | 24 | 165 |
| 1943 | 6 | 137 | 25 | 10 | .. | 28 | 16 | 3 | 2 | 12 | 233 |
| 1944 | 6 | 246 | 18 | 15 | 2 | 6 | .. | 3 | 1 | 61 | 352 |

Bengal—

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1940 | 39 | 18,213 | 915 | 544 | 68 | 189 | 81 | 222 | 28 | 1,506 | 21,766 |
| 1941 | 37 | 7,856 | 710 | 276 | 18 | 125 | 57 | 98 | 41 | 2,171 | 11,352 |
| 1942 | 35 | 6,344 | 197 | 440 | 20 | 91 | 43 | 80 | 12 | 311 | 7,538 |
| 1943 | 35 | 8,050 | 241 | 331 | 70 | 64 | 21 | 78 | 20 | 366 | 9,241 |
| 1944 | 25 | 4,568 | * | * | * | * | * | * | * | 949† | 5,517 |

C. P.—

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1940 | 38 | 4,030 | 585 | 266 | 22 | 523 | 53 | 40 | 3 | 841 | 6,363 |
| 1941 | 74 | 4,054 | 543 | 192 | 32 | 581 | 20 | 87 | 6 | 1,148 | 6,663 |
| 1942 | 51 | 3,047 | 380 | 142 | 3 | 420 | 21 | 53 | 5 | 659 | 4,730 |
| 1943 | 43 | 3,352 | 367 | 126 | 8 | 523 | 6 | 80 | 4 | 735 | 5,201 |
| 1944 | 39 | 3,485 | 384 | 142 | 10 | 741 | 10 | 81 | 5 | 886 | 5,744 |

* Not available.
† Total Non-pulmonary.

TABLE 24.—PATIENTS TREATED FOR DIFFERENT KINDS OF TUBERCULOSIS IN HOSPITALS AND OTHER INSTITUTIONS—*contd.*

| | No. of Hospitals and other Institutions reporting. | No. of Patients treated for | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Pulmonary Tuberculosis. | Tuberculosis of glands. | Osteoarticular Tuberculosis. | Meningeal Tuberculosis | Abdominal Tuberculosis. | Tuberculosis of the skin. | Spinal Tuberculosis | Genito Urinary Tuberculosis. | All other forms of Tuberculosis. | Total. |
| Bombay— | | | | | | | | | | | |
| 1940 | 26 | 12,521 | 1,340 | 563 | 46 | 829 | 48 | 264 | 118 | 637 | 5,096 |
| 1941 | 26 | 10,084 | 588 | 369 | 13 | 719 | 38 | 187 | 17 | 679 | 12,694 |
| 1942 | 28 | 11,921 | 721 | 248 | 12 | 630 | 45 | 230 | 16 | 427 | 14,250 |
| 1943 | 28 | 13,331 | 802 | 269 | 15 | 427 | 43 | 279 | 10 | 514 | 15,690 |
| 1944 | 27 | 15,496 | 760 | 136 | 12 | 418 | 49 | 274 | 8 | 701 | 17,854 |
| Sind— | | | | | | | | | | | |
| 1940 | 11 | 3,251 | 1,189 | 321 | 2 | 347 | 131 | 89 | 13 | 201 | 5,544 |
| 1941 | 11 | 3,591 | 904 | 250 | .. | 211 | 74 | 90 | 20 | 485 | 5,625 |
| 1942 | 11 | 3,333 | 976 | 208 | 2 | 153 | 52 | 73 | 10 | 262 | 5,069 |
| 1943 | 11 | 3,324 | 726 | 247 | 1 | 169 | 22 | 49 | 1 | 492 | 5,031 |
| 1944 | 11 | 2,973 | 996 | 179 | 1 | 110 | 17 | 36 | 9 | 230 | 4,551 |
| Madras— | | | | | | | | | | | |
| 1940 | 35 | 21,476 | 2,032 | 843 | 48 | 1,351 | 149 | 675 | 50 | 3,681 | 30,305 |
| 1941 | 35 | 26,773 | 2,272 | 370 | 81 | 1,453 | 78 | 1,006 | 74 | 4,845 | 36,952 |
| 1942 | 37 | 18,649 | 1,226 | 416 | 71 | 1,306 | 45 | 149 | 57 | 2,750 | 24,669 |
| 1943 | 37 | 23,326 | 2,116 | 857 | 62 | 1,798 | 111 | 379 | 53 | 3,427 | 32,129 |
| 1944 | 35 | 23,066 | 2,166 | 897 | 97 | 1,626 | 137 | 556 | 40 | 3,770 | 32,355 |
| Coorg— | | | | | | | | | | | |
| 1940 | 2 | 77 | 19 | 15 | 3 | 4 | 3 | 3 | 4 | 1 | 129 |
| 1941 | 2 | 97 | 38 | 12 | 3 | 8 | 3 | 7 | .. | 3 | 171 |
| 1942 | 2 | 105 | 13 | 21 | .. | 5 | .. | 4 | .. | .. | 148 |
| 1943 | 2 | 67 | 9 | 6 | 1 | 5 | 1 | 2 | .. | 12 | 103 |
| 1944 | 2 | 68 | 12 | 7 | 1 | 4 | 1 | 2 | 1 | 3 | 99 |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Assam— | | | | | | | | | | | | | |
| 1940 | . | 15 | 776 | 48 | 63 | .. | 32 | 3 | 10 | .. | 46 | 978 |
| 1941 | . | 15 | 654 | 48 | 20 | 2 | 23 | 6 | 5 | .. | 45 | 803 |
| 1942 | . | 15 | 443 | 14 | 8 | 1 | 20 | .. | 5 | 2 | 23 | 516 |
| 1943 | . | 14 | 481 | 17 | 3 | .. | 3 | .. | 1 | .. | 58 | 563 |
| 1944 | . | 14 | 417 | 34 | 7 | .. | 3 | 2 | 13 | .. | 64 | 540 |
| Ajmer-Merwara— | | | | | | | | | | | | |
| 1940 | . | 2 | 600 | 171 | 76 | 1 | 287 | .. | 48 | 1 | 40 | 1,224 |
| 1941 | . | 2 | 478 | 113 | 43 | 1 | 181 | .. | 14 | .. | 50 | 880 |
| 1942 | . | 2 | 653 | 75 | 56 | .. | 119 | .. | 52 | 6 | 106 | 1,067 |
| 1943 | . | 2 | 834 | 85 | 55 | 1 | 127 | 1 | 34 | 8 | 90 | 1,235 |
| 1944 | . | 2 | 357 | 39 | 3 | 1 | 40 | .. | .. | 1 | 52 | 493 |

TABLE 25.—DEATHS AND RATES PER MILLE FROM CERTAIN CAUSES OR GROUPS OF CAUSES OF MORTALITY IN INDIAN STATES.

| State. | Cholera. | | Smallpox. | | Plague. | | Fevers. | | Dysentery and Diarrhœa. | | Respiratory diseases. | | Other Causes. | | Total. | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Deaths. | Rate p.m. | Deaths. | Rate p.m. | Deaths | Rate p.m. | Deaths | Rate p.m. | Deaths | Rate p.m. | Deaths | Rate p.m. | Deaths | Rate p.m. | Deaths | Rate p.m. |
| Hyderabad State— | | | | | | | | | | | | | | | | |
| 1940 | 16,333 | 1·0 | 2,759 | 0·17 | 11,615 | 0·71 | 99,853 | 6·2 | 3,334 | 0·21 | 4,388 | 0·27 | 26,285 | 1·6 | 164,567 | 10·2 |
| 1941 | 10,250 | 0·62 | 2,012 | 0·12 | 4,459 | 0·27 | 89,312 | 5·4 | 4,443 | 0·27 | 1,058‡ | 0·06 | 28,037 | 1·7 | 139,571 | 8·5 |
| 1942 | 6,043 | 0·36 | 1,765 | 0·11 | 1,254 | 0·08 | 105,806 | 6·4 | 4,892 | 0·29 | 1,900‡ | 0·11 | 26,832 | 1·6 | 148,492 | 9·0 |
| 1943 | 6,022 | 0·36 | 2,342 | 0·14 | 642 | 0·04 | 91,283 | 5·4 | 3,061 | 0·18 | 1,722‡ | 0.10 | 26,087 | 1·6 | 131,159 | 7·8 |
| 1944 | 892 | 0·05 | 1,592 | 0·09 | 5,577 | 0·32 | 7,131* | 0·4 | 7,026 | 0·41 | 1,608‡ | 0.09 | 84,143 | 5·0 | 107,969 | 6·4 |
| Mysore State— | | | | | | | | | | | | | | | | |
| 1940 | .. | .. | 1,235 | 0·17 | 2,605 | 0·36 | 50,406 | 6·9 | 8,369 | 1·1 | 4,997 | 0·69 | 28,651 | 3·9 | 96,263 | 13·2 |
| 1941 | 1,020 | 0·14 | 1,456 | 0·20 | 5,417 | 0·74 | 52,286 | 7·1 | 7,361 | 1·0 | 4.638 | 0·63 | 30,138 | 4·1 | 102,316 | 13·9 |
| 1942 | 4,655 | 0·62 | 3,699 | 0·50 | 3,776 | 0·51 | 47,470 | 6·4 | 5,936 | 0·80 | 4,707 | 0·63 | 28,944 | 3·9 | 99,187 | 13·3 |
| 1943 | 6,882 | 0·91 | 7,730 | 1·00 | 3,886 | 0·52 | 49,412 | 6·6 | 6,985 | 0·93 | 5,409 | 0·72 | 31,873 | 4·2 | 112,177 | 15·0 |
| 1944 | 768 | 0·10 | 2,681 | 0·4 | 5,357 | 0·71 | 60,702 | 8·0 | 8,307 | 1·1 | 4,532 | 0·6 | 30,364 | 4·0 | 112,711 | 14·9 |

* Malaria only.

† Consumption only.

‡ The year commences from 6th October.

TABLE 25.—DEATHS AND RATES PER MILLE FROM CERTAIN CAUSES OR GROUPS OF CAUSES OF MORTALITY IN INDIAN STATES —*contd.*

| State. | Cholera. | | Smallpox. | | Plague. | | Fevers. | | Dysentery & Diarrhœa. | | Respiratory Diseases. | | Other Causes. | | Total. | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Deaths. | Rate p.m. | Deaths. | Rate p.m. | Deaths. | Rate p.m. | Deaths. | Rate p.m. | Deaths. | Rate p.m. | Deaths. | Rate p.m. | Deaths. | Rate p.m. | Deaths. | Rate p.m. |
| Jammu & Kashmir State— | | | | | | | | | | | | | | | | |
| 1941 | 18 | 0·00 | 14 | 0·00 | .. | .. | 1,256 | 0·31 | 172 | 0·04 | 1,639 | 0·41 | 2,282 | 0·60 | 5,381 | 1·3 |
| 1942 | .. | .. | .. | .. | .. | .. | 1,036 | 0·26 | 25 | 0·01 | 1,236 | 0·30 | 4,679 | 1·1 | 6,976 | 1·6 |
| 1943 | 66 | 0·02 | 2 | 0·00 | .. | .. | 1,287 | 0·31 | 95 | 0·02 | 1,542 | 0·38 | 2,049 | 0·5 | 5,041 | 1·2 |
| 1944* | | | | | | | | | | | | | | | | |
| MADRAS STATES— | | | | | | | | | | | | | | | | |
| Cochin— | | | | | | | | | | | | | | | | |
| 1940 | .. | .. | 1,232 | 0·87 | .. | .. | 5,321 | 3·8 | * | | * | | 6,288 | 4·5 | 12,841 | 9·2 |
| 1941 | .. | .. | 39 | 0·03 | .. | .. | 3,906 | 2·7 | * | | * | | 5,074 | 3·5 | 9,019 | 6·3 |
| 1942 | 1,188 | 0·81 | 6 | 0·00 | 4 | 0·00 | 2,409 | 1·7 | 1,098 | 0·76 | 533 | 0·4 | 2,465 | 1·7 | 7,703 | 5·3 |
| 1943 | 356 | 0·24 | 760 | 0·52 | 21 | 0·01 | 3,677 | 2·5 | 1,950 | 1·3 | 960 | 0·7 | 5,009 | 3·4 | 12,733 | 8·6 |
| 1944 | 6 | 0·00 | 319 | 0·21 | 8 | 0·01 | 2,782 | 1·9 | 758 | 0·5 | 855 | 0·6 | 4,470 | 3·0 | 9,198 | 6·2 |
| Pudukkottai— | | | | | | | | | | | | | | | | |
| 1941 | .. | .. | 109 | 0·25 | .. | .. | 1,067 | 2·4 | 537 | 1·2 | 3,393 | 7·7 | 791 | 1·8 | 5,897 | 13·4 |
| 1942 | 133 | 0·3 | 19 | 0·04 | .. | .. | 1,064 | 2·4 | 623 | 1·4 | 34 | 0·08 | 3,482 | 7·9 | 5,355 | 12·1 |
| 1943 | 139 | 0·3 | 24 | 0·05 | .. | .. | 1,105 | 2·4 | 730 | 1·6 | 78 | 0·02 | 3,518 | 7·9 | 5,594 | 12·5 |
| 1944 | 19 | 0·04 | 57 | 0·13 | .. | .. | 1,247 | 2·8 | 739 | 1·6 | 75 | 0·17 | 2,944 | 6·5 | 5,081 | 11·3 |
| Travancore— | | | | | | | | | | | | | | | | |
| 1940 | .. | .. | 365 | 0·06 | 6 | 0·00 | 14,709 | 2·4 | 7,488 | 1·2 | 7,294 | 1·2 | 33,797 | 5·6 | 63,659 | 10·6 |
| 1941 | .. | .. | 344 | 0·06 | .. | .. | 16,042 | 2·6 | 8,434 | 1·4 | 7,895 | 1·3 | 35,650 | 5·8 | 68,365 | 11·2 |
| 1942 | 2 | 0·00 | 18 | 0·00 | .. | .. | 15,287 | 2·5 | 7,043 | 1·1 | 7,697 | 1·2 | 35,384 | 5·7 | 65,431 | 10·6 |
| 1943 | 1,849 | 0·29 | 218 | 0·04 | 2 | 0·00 | 16,884 | 2·7 | 9,944 | 1·3 | 5,960 | 1·0 | 50,396 | 8·0 | 85,253 | 13·5 |
| 1944 | 21 | 0·00 | 357 | 0·05 | 2 | 0·00 | 16,852 | 2·6 | 8,127 | 1·4 | 9,517 | 1·5 | 45,300 | 7·1 | 80,176 | 12·5 |

* Not available.

RAJPUTANA STATES—

Jaipur—

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1940 | .. | .. | 60 | 0·02 | .. | .. | 9,891 | 3·3 | 941 | 0·3 | 990 | 0·3 | 2,923 | 1·0 | 14,805 | 4·9 |
| 1941 | 101 | 0·03 | 14 | 0·01 | .. | .. | 8,236 | 2·7 | 540 | 0.18 | 771 | 0·3 | 3,104 | 1·0 | 12,766 | 4.2 |
| 1942 | .. | .. | 2 | 0·00 | .. | .. | 10,282 | 3·3 | 725 | 0·23 | 571 | 0·2 | 3,716 | 1·2 | 15,296 | 4·9 |
| 1943 | 1 | 0·00 | 221 | 0·07 | .. | .. | 8,320 | 2·7 | 672 | 0·21 | 720 | 0·2 | 3,400 | 1·1 | 13,334 | 4·3 |
| 1944 | 101 | 0·03 | 137 | 0·04 | .. | .. | 5,968 | 1·9 | 1,304 | 0·4 | 609 | 0·2 | 2,498 | 0·8 | 10,617 | 3·4 |
| Jodhpur— | | | | | | | | | | | | | | | | |
| 1940 | .. | .. | 306 | 2·5 | .. | .. | * | .. | 233 | 1·9 | 312 | 2·5 | 2,035 | 16·3 | 2,886 | 23·2 |
| 1941 | .. | .. | 1 | 0·01 | .. | .. | * | .. | 148 | 1.2 | 482 | 3·8 | 1,401 | 10·9 | 2,032 | 15·9 |
| 1942 | .. | .. | 3 | 0·02 | .. | .. | * | .. | 151 | 1.2 | 484 | 3·7 | 1,552 | 11·8 | 2,199 | 16·7 |
| 1943 | .. | .. | .. | .. | .. | .. | * | .. | 160 | 1.2 | 338 | 2·5 | 1,540 | 11·5 | 2,038 | 15·2 |
| 1944 | .. | .. | 33 | 0·2 | .. | .. | * | .. | 162 | 1·2 | 421 | 3·1 | 1,955 | 14·2 | 2,571 | 18·7 |
| Dholpur— | | | | | | | | | | | | | | | | |
| 1940 | 2 | 0·01 | 55 | 0·2 | .. | .. | 1,385 | 4·9 | * | .. | * | .. | * | .. | 1,699 | 6·0 |
| 1941 | 45 | 0·2 | 14 | 0·05 | .. | .. | 1,550 | 5·4 | * | .. | * | .. | * | .. | 1,974 | 6·9 |
| 1942 | 182 | 0·6 | 11 | 0·04 | .. | .. | 2,137 | 7·3 | * | .. | * | .. | * | .. | 2,778 | 9·5 |
| 1943 | 80 | 0·3 | 3 | 0·01 | .. | .. | 1,475 | 5·0 | * | .. | * | .. | * | .. | 1,818 | 6·2 |
| 1944 | 92 | 0·3 | 33 | 0·11 | .. | .. | 1,344 | 4·5 | * | .. | * | .. | * | .. | 1,605 | 5·4 |
| Eastern States— | | | | | | | | | | | | | | | | |
| Dasplla— | | | | | | | | | | | | | | | | |
| 1940 | .. | .. | 1 | 0·02 | .. | .. | 597 | 11·2 | 134 | 2·5 | 110 | 2·1 | 560 | 10.5 | 1,402 | 26·4 |
| 1941 | 7 | 0·13 | 87 | 1·6 | .. | .. | 835 | 15·4 | 262 | 4·8 | 109 | 2·0 | 595 | 11·0 | 1,895 | 35·0 |
| 1942 | 4 | 0·07 | 19 | 0·3 | .. | .. | 673 | 12·2 | 195 | 3·5 | 94 | 1·7 | 523 | 9·5 | 1,508 | 27·3 |
| 1943 | 30 | 0·5 | 10 | 0·2 | .. | .. | 655 | 11·6 | 151 | 2·7 | 69 | 1·2 | 660 | 11·7 | 1,575 | 27·9 |
| 1944 | 44 | 0·8 | .. | .. | .. | .. | 599 | 10·5 | 75 | 1·3 | 55 | 1·0 | 660 | 11·5 | 1,433 | 25·0 |
| Hindol— | | | | | | | | | | | | | | | | |
| 1940 | .. | | 117 | 2·0 | .. | .. | 412 | 7·1 | 214 | 3·7 | 84 | 1·5 | 599 | 10·4 | 1,426 | 24·6 |
| 1941 | 82 | 1·4 | 22 | 0·4 | .. | .. | 648 | 11·0 | 426 | 7·2 | 90 | 1·5 | 328 | 5·6 | 1,596 | 27.1 |
| 1942* | | | | | | | | | | | | | | | | |
| 1943 | 24 | 0·4 | 28 | 0·5 | .. | .. | 385 | 6·3 | 446 | 7·3 | 37 | 0·6 | 633 | 10·4 | 1,553 | 25·6 |
| 1944 | .. | .. | .. | .. | .. | .. | 399 | 6·5 | 358 | 5·8 | 59 | 0·95 | 594 | 9·6 | 1,410 | 22·8 |

* Not available.

TABLE 25.—DEATHS AND RATES PER MILLE FROM CERTAIN CAUSES OR GROUPS OF CAUSES OF MORTALITY IN INDIAN STATES—*contd.*

| State. | Cholera. | | Smallpox. | | Plague. | | Fevers. | | Dysentery & Diarrhœa. | | Respiratory Diseases. | | Other Causes. | | Total. | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Deaths. | Rate p.m. | Deaths. | Rate p.m. | Deaths. | Rate p.m. | Deaths. | Rate p.m. | Deaths. | Rate p.m. | Deaths. | Rate p.m. | Deaths. | Rate p.m. | Deaths. | Rate p.m. |
| Khandpara— | | | | | | | | | | | | | | | | |
| 1940 . | 9 | 0·1 | 204 | 2·4 | .. | .. | 952 | 11·0 | 3 | 0·03 | 50 | 0·6 | 1,718 | 19·8 | 2,936 | 33·9 |
| 1941 . | 115 | 1·3 | 537 | 6·1 | .. | .. | 1,069 | 12·2 | 192 | 2·2 | 32 | 0·4 | 1,595 | 18·2 | 3,540 | 40·4 |
| 1942 . | 75 | 0·8 | 28 | 0·3 | .. | .. | 1,240 | 14·0 | 171 | 1·9 | 42 | 0·5 | 1,482 | 16·7 | 3,038 | 34·3 |
| 1943 . | 223 | 2·4 | 3 | 0·03 | .. | .. | 1,269 | 14·2 | 168 | 1·9 | 42 | 0·5 | 1,460 | 16·3 | 3,165 | 35·3 |
| 1944 . | 68 | 0·8 | 1 | 0·01 | .. | .. | 915 | 10·1 | 95 | 1·1 | 45 | 0·5 | 1,387 | 15·3 | 2,511 | 27·8 |
| Narsingpur— | | | | | | | | | | | | | | | | |
| 1940 . | 4 | 0·08 | 108 | 2·3 | .. | .. | 320 | 6·7 | 4 | 0·1 | * | .. | 866 | 18·0 | 1,302 | 27·2 |
| 1941 . | 29 | 0·60 | 266 | 5·5 | .. | .. | 400 | 8·2 | 2 | 0·04 | * | .. | 1,043 | 21·4 | 1,740 | 35·7 |
| 1942 . | .. | .. | 9 | 0·2 | .. | .. | 313 | 6·3 | * | .. | * | .. | 782 | 15·8 | 1,104 | 22·3 |
| 1943 . | 130 | 2·60 | .. | .. | .. | .. | 351 | 7·0 | * | .. | * | .. | 1,028 | 20·5 | 1,509 | 30·1 |
| 1944 . | 4 | 0·10 | .. | .. | .. | .. | 249 | 4·9 | * | .. | * | .. | 864 | 17·0 | 1,117 | 21·9 |
| Nayagarh— | | | | | | | | | | | | | | | | |
| 1940 . | 67 | 0·4 | 50 | 0.3 | .. | .. | 1,444 | 9.0 | 213 | 1·3 | 184 | 1·1 | 2,703 | 16·9 | 4,661 | 29·1 |
| 1941 . | 69 | 0·4 | 982 | 6·1 | .. | .. | 1,907 | 11·8 | 440 | 2·7 | 295 | 1·8 | 2,117 | 13·1 | 5,810 | 35·9 |
| 1942 . | 202 | 1·2 | 353 | 2·2 | .. | .. | 1,555 | 9·5 | 150 | 0·9 | 247 | 1·5 | 2,254 | 13·7 | 4,761 | 29·0 |
| 1943 . | 458 | 2·8 | 62 | 0·4 | .. | .. | 1,652 | 10·0 | 227 | 1·4 | 225 | 1·4 | 2,408 | 14·5 | 5,032 | 30·3 |
| 1944 . | 192 | 1·1 | 2 | 0·01 | .. | .. | 1,624 | 9·7 | 151 | 0·9 | 223 | 1·3 | 2,283 | 13·6 | 4,475 | 26·7 |
| Nilgiri— | | | | | | | | | | | | | | | | |
| 1941 . | 21 | 0·3 | 21 | 0·3 | .. | .. | 1,099 | 15·0 | 87 | 1·2 | 41 | 0·6 | 314 | 4·3 | 1,583 | 21·6 |
| 1942 . | 8 | 0·1 | 2 | 0·03 | .. | .. | 822 | 11·2 | 58 | 0·8 | 17 | 0·2 | 226 | 3·1 | 1,133 | 15·4 |
| 1943 . | 93 | 1·2 | 6 | 0·08 | .. | .. | 960 | 13·0 | 91 | 1·2 | 58 | 0·8 | 260 | 3·5 | 1,468 | 19·8 |
| 1944 . | 63 | 0·8 | 23 | 0·3 | .. | .. | 1,315 | 17·6 | 65 | 0·9 | 9 | 0·1 | 193 | 2·6 | 1,688 | 22·6 |
| Mayurbhanj— | | | | | | | | | | | | | | | | |
| 1940 . | 50 | 0·1 | 684 | 0·7 | .. | .. | 13,726 | 13·9 | 402 | 0·4 | * | .. | 4,836 | 4·9 | 19,698 | 20·0 |
| 1941 . | 138 | 0·1 | 956 | 1·0 | .. | .. | 14,043 | 14·1 | 544 | 0·5 | 111 | 0·1 | 4,728 | 4·8 | 20,520 | 20·6 |
| 1942 . | 170 | 0·2 | 379 | 0·4 | .. | .. | 13,150 | 13·1 | 319 | 0·3 | 153 | 0·2 | 3,992 | 4·0 | 18,163 | 18·1 |
| 1943 . | 931 | 0·9 | 1,141 | 1·1 | .. | .. | 13,801 | 13·6 | 676 | 0·7 | 87 | 0·1 | 4,306 | 4·2 | 20,942 | 20·6 |
| 1944 . | 168 | 0·2 | 3,382 | 3·3 | .. | .. | 12,605 | 12·3 | 386 | 0·4 | 109 | 0·1 | 3,655 | 3·6 | 20,305 | 19·8 |

* Not available.

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Bamra—** | | | | | | | | | | | | | | | | |
| 1940 . | 8 | 0·05 | 3 | 0·02 | .. | .. | 2,312 | 13·1 | 157 | 0·9 | .. | .. | 2,412 | 13·7 | 4,892 | 27·7 |
| 1941 . | 40 | 0·2 | 6 | 0·03 | .. | .. | 2,524 | 14·1 | 322 | 1·8 | .. | .. | 2,364 | 13·2 | 5,256 | 29·3 |
| 1942 . | 43 | 0·2 | .. | .. | .. | .. | 2,128 | 11·7 | 400 | 2·2 | .. | .. | 2,087 | 11·5 | 4,658 | 25·6 |
| 1943 . | .. | .. | .. | .. | .. | .. | 2,212 | 12·0 | 158 | 0·9 | .. | .. | 2,461 | 13·3 | 4,831 | 26·2 |
| 1944 . | 6 | 0·03 | .. | .. | .. | .. | 2,614 | 14·0 | 70 | 0·4 | .. | .. | 2,044 | 10·9 | 4,734 | 25·3 |
| **Gangpur—** | | | | | | | | | | | | | | | | |
| 1940 . | 5 | 0·01 | 97 | 0·5 | .. | .. | 5,914 | 14·9 | 401 | 1·0 | 287 | 0·7 | 1,282 | 3·2 | 7,986 | 20·2 |
| 1941 . | 102 | 0·3 | 249 | 0·6 | .. | .. | 6,308 | 15·8 | 550 | 1·4 | 222 | 0·6 | 1,975 | 4·9 | 9,406 | 23·5 |
| 1942 . | 180 | 0·4 | 72 | 0·2 | .. | .. | 5,270 | 13·1 | 595 | 1·5 | 226 | 0·6 | 2,258 | 5·6 | 8,601 | 21·3 |
| 1943 . | 26 | 0·1 | 37 | 0·1 | .. | .. | 5,223 | 12·8 | 298 | 0·7 | 285 | 0·7 | 1,894 | 4·6 | 7,763 | 19·0 |
| 1944 . | 33 | 0·1 | 25 | 0·07 | .. | .. | 5,360 | 13·0 | 349 | 0·8 | 225 | 0·5 | 2,304 | 5·6 | 8,296 | 20·1 |
| **Keonjhar—** | | | | | | | | | | | | | | | | |
| 1940†. | 1 | 0·00 | 59 | 0·1 | .. | .. | 818 | 1·6 | 61 | 0·1 | 62 | 0·1 | 4,145 | 7·9 | 5,146 | 9·8 |
| 1941 . | 59 | 0·1 | 499 | 0·9 | .. | .. | 9,818 | 18·5 | 493 | 0·9 | 32 | 0·1 | 1,413 | 2·7 | 12,314 | 23·1 |
| 1942 . | 12 | 0·02 | 51 | 0·1 | .. | .. | 8,548 | 15·8 | 561 | 1·0 | 14 | 0·03 | 1,332 | 2·5 | 10,518 | 19·5 |
| 1943 . | 964 | 1·8 | 28 | 0·05 | .. | .. | 8,774 | 16·1 | 185 | 0·3 | 4 | 0·01 | 1,580 | 2·9 | 11,535 | 21·1 |
| 1944 . | 698 | 1·3 | 258 | 0·5 | .. | .. | 9,114 | 16·5 | 211 | 0·4 | 1 | 0·00 | 1,473 | 2·7 | 11,755 | 21·3 |
| **Cooch Behar—** | | | | | | | | | | | | | | | | |
| 1941 . | 475 | 0·7 | 20 | 0·03 | .. | .. | 11,563 | 18·0 | 92 | 0·1 | 149 | 0·2 | 1,593 | 2·5 | 13,892 | 21·6 |
| 1942 . | 149 | 0·2 | 45 | 0·1 | .. | .. | 10,238 | 15·8 | 146 | 0·2 | 216 | 0·3 | 2,513 | 3·9 | 13,307 | 20·6 |
| 1943 . | 2,233 | 3·4 | 236 | 0·4 | .. | .. | 10,528 | 16·1 | 915 | 1·4 | 339 | 0·5 | 1,239 | 1·9 | 15,490 | 23·7 |
| 1944 . | 141 | 0·2 | 3,593 | 5·5 | .. | .. | 10,686 | 16·2 | 106 | 0·2 | 270 | 0·4 | 1,711 | 2·6 | 16,507 | 25·1 |
| **Bastar—** | | | | | | | | | | | | | | | | |
| 1940 . | .. | .. | 74 | 0·1 | .. | .. | 8,150 | 13·0 | 497 | 0·8 | 348 | 0·6 | 547 | 0·9 | 9,616 | 15·3 |
| 1941 . | 30 | 0·1 | 143 | 0·2 | .. | .. | 9,126 | 14·3 | 607 | 1·0 | 823 | 1·3 | 378 | 0·6 | 11,107 | 17·5 |
| 1942 . | 3 | 0·01 | 140 | 0·2 | .. | .. | 8,028 | 12·4 | 513 | 0·8 | 631 | 1·0 | 833 | 1·3 | 10,148 | 15·6 |
| 1943 . | .. | .. | 391 | 0·6 | .. | .. | 9,932 | 15·1 | 755 | 1·1 | 682 | 1·0 | 468 | 0·7 | 12,228 | 18·5 |
| 1944 . | 331 | 0·5 | 510 | 0·8 | .. | .. | 11,630 | 17·4 | 853 | 1·3 | 506 | 0·8 | 953 | 1·4 | 14,783 | 22·1 |

† Figures are only for the 2nd half of the year (*i.e.* 1st July to 31st December 1940).

TABLE 25.—DEATHS AND RATES PER MILLE FROM CERTAIN CAUSES OR GROUPS OF CAUSES OF MORTALITY IN INDIAN STATES —*contd.*

| State. | Cholera. | | Smallpox. | | Plague. | | Fevers. | | Dysentery & Diarrhœa. | | Respiratory Diseases. | | Other Causes. | | Total. | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Deaths. | Rate p.m. | Deaths. | Rate p.m. | Deaths. | Rate p.m. | Deaths. | Rate p.m. | Deaths. | Rate p.m. | Deaths. | Rate p.m. | Deaths. | Rate p.m. | Deaths. | Rate p.m. |
| Kanker— | | | | | | | | | | | | | | | | |
| 1940 . | .. | .. | 27 | 0·2 | .. | .. | * | .. | 14 | 0·09 | 144 | 0·97 | 2,405 | 16·2 | 2,590 | 17·4 |
| 1941 . | 7 | 0·05 | 23 | 0·2 | .. | .. | * | .. | 24 | 0·2 | 231 | 1·5 | 2,702 | 18·0 | 2,987 | 19·9 |
| 1942 . | 46 | 0·3 | 21 | 0·1 | .. | .. | * | .. | 12 | 0·08 | 230 | 1·5 | 3,179 | 21·0 | 3,488 | 23·1 |
| 1943 . | .. | .. | 8 | 0·05 | .. | .. | * | .. | 4 | 0·03 | 150 | 0·98 | 2,518 | 16·5 | 2,680 | 17·6 |
| 1944 . | 91 | 0·6 | 17 | 0·1 | .. | .. | * | .. | 39 | 0·3 | 87 | 0·6 | 3,670 | 23·8 | 3,904 | 25·4 |
| Patna— | | | | | | | | | | | | | | | | |
| 1940 . | 84 | 0·1 | 20 | 0·03 | .. | .. | 11,352 | 18·1 | 344 | 0·5 | 325 | 0·5 | 3,881 | 6·2 | 16,006 | 25·5 |
| 1941 . | 2,488 | 3·9 | 100 | 0·2 | .. | .. | 13,471 | 21·2 | 602 | 0·9 | 427 | 0·7 | 3,567 | 5·7 | 20,655 | 32·6 |
| 1942 . | 3,120 | 4·9 | 140 | 0·2 | .. | .. | 16,325 | 25·4 | 777 | 1·2 | 544 | 0·8 | 4,369 | 6·9 | 25,275 | 39·4 |
| 1943 . | 78 | 0·1 | 58 | 0·09 | .. | .. | 11,666 | 18·0 | 405 | 0·6 | 422 | 0·7 | 3,638 | 5·6 | 16,267 | 25·1 |
| 1944 . | 29 | 0·04 | 68 | 0·1 | .. | .. | 11,537 | 17·6 | 221 | 0·3 | 377 | 0·6 | 4,734 | 7·2 | 16,966 | 25·9 |
| Raigarh— | | | | | | | | | | | | | | | | |
| 1940 . | 41 | 0·13 | 206 | 0·66 | .. | .. | 5,184 | 16·7 | 175 | 0·56 | * | .. | 356 | 1·1 | 5,962 | 19·2 |
| 1941 . | 421 | 1·3 | 401 | 1·3 | .. | .. | 6,282 | 20·0 | 113 | 0·36 | * | .. | 467 | 1·5 | 7,684 | 24·5 |
| 1942 . | 907 | 2·9 | 88 | 0·27 | .. | .. | 6,177 | 19·5 | 88 | 0·28 | * | .. | 348 | 1·1 | 7,608 | 24·0 |
| 1943 . | 259 | 0·81 | 52 | 0·16 | .. | .. | 5,777 | 18·0 | 26 | 0·08 | * | .. | 272 | 0·84 | 6,386 | 19·9 |
| 1944 . | 132 | 0·41 | 117 | 3·6 | .. | .. | 6,463 | 19·9 | 48 | 0·15 | * | .. | 196 | 0·6 | 6,956 | 21·4 |
| Sakti— | | | | | | | | | | | | | | | | |
| 1940 . | 2 | 0·04 | 124 | 2·2 | .. | .. | 720 | 13·3 | 40 | 0·74 | 49 | 0·91 | 357 | 6·6 | 1,292 | 23·9 |
| 1941 . | 60 | 1·1 | 18 | 0·33 | .. | .. | 909 | 16·6 | 188 | 3·4 | 48 | 0·88 | 318 | 5·8 | 1,541 | 28·2 |
| 1942 . | 87 | 1·6 | 11 | 0·12 | .. | .. | 877 | 15·9 | 117 | 2·1 | 39 | 0·7 | 499 | 9·0 | 1,630 | 29·5 |
| 1943 . | 58 | 1·0 | 45 | 0·8 | .. | .. | 956 | 17·1 | 89 | 1·6 | 50 | 0·9 | 541 | 9·7 | 1,739 | 31·1 |
| 1944* | | | | | | | | | | | | | | | | |
| Udaipur— | | | | | | | | | | | | | | | | |
| 1940 . | 43 | 0·36 | .. | .. | .. | .. | 2,299 | 19·7 | 9 | 0·08 | .. | .. | 60 | 0·5 | 2,411 | 20·6 |
| 1941 . | 6 | 0·05 | 9 | 0·08 | .. | .. | 2,136 | 17·9 | 4 | 0·03 | 1 | 0·01 | 83 | 0·7 | 2,239 | 18·8 |
| 1942 . | 216 | 1·8 | 11 | 0·09 | .. | .. | 2,251 | 18·6 | 23 | 0·2 | .. | .. | 86 | 0·7 | 2,587 | 21·4 |
| 1943 . | 37 | 0·3 | 7 | 0·06 | .. | .. | 2,055 | 16·7 | 16 | 0·1 | .. | .. | 174 | 1·4 | 2,287 | 18·6 |
| 1944 . | .. | .. | 34 | 0·3 | .. | .. | * | .. | 26 | 0·2 | 12 | 0·0 | 2,903 | 23·2† | 2,975 | 23·8 |

* Not available.

† Including fevers also.

CENTRAL INDIA AGENCY—

Bhopal—

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1940 . | 5 | 0·01 | 282 | 0·4 | .. | .. | 16,830 | 21·5 | 218 | 0·3 | 114 | 0·1 | 1,339 | 1·7 | 18,788 | 24·0 |
| 1941 . | 1,140 | 1·4 | 48 | 0·06 | 6 | 0·01 | 34,922 | 46·7 | 395 | 0·5 | 2,970 | 3·8 | 1,657 | 2·1 | 41,138 | 52·3 |
| 1942 . | 111 | 0·1 | 36 | 0·04 | 12 | 0·01 | 17,378 | 21·6 | 144 | 0·2 | 52 | 0·06 | 1,270 | 1·6 | 19,003 | 23·6 |
| 1943 . | 116 | 0·1 | 85 | 0·1 | 6 | 0·01 | 15,381 | 19·3 | 144 | 0·2 | 12 | 0·02 | 2,273 | 2·8 | 18,017 | 22·6 |
| 1944 . | 313 | 0·4 | 220 | 0·3 | 144 | 0·2 | 15,536 | 19·6 | 105 | 0·1 | .. | .. | 932 | 1·2 | 17,250 | 21·8 |

BARODA & GUJARAT STATES AGENCY—

Baroda—

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1940 . | 25 | 0·01 | 1,257 | 0·4 | .. | .. | 53,277 | 15·7 | 1,067 | 0·3 | 2,585 | 0·8 | 7,308 | 2·2 | 65,519 | 19·3 |
| 1941 . | 416 | 1·1 | 157 | 0·04 | .. | .. | 54,579 | 15·6 | 1,175 | 0·3 | 2,284 | 0·7 | 7,315 | 2·1 | 65,926 | 18·8 |
| 1942 . | 252 | 0·07 | 116 | 0·03 | .. | .. | 60,333 | 16·8 | 1,261 | 0·4 | 2,322 | 0·6 | 7,991 | 2·2 | 72,275 | 20·0 |
| 1943 . | .. | .. | 83 | 0·02 | .. | .. | 51,309 | 13·9 | 1,124 | 0·3 | 2,330 | 0·6 | 5,848 | 1·6 | 60,692 | 16·4 |
| 1944 . | .. | .. | 139 | 0·04 | .. | .. | 58,785 | 15·5 | 1,380 | 0·4 | 2,913 | 0·4 | 6,540 | 1·7 | 69,757 | 18·3 |

Cambay—

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1940 . | .. | .. | 14 | 0·1 | .. | .. | 1,832 | 19·1 | 53 | 0·6 | 160 | 1·7 | 473 | 4·9 | 2,532 | 26·4 |
| 1941 . | .. | .. | 2 | 0·02 | .. | .. | 2,213 | 22·8 | 76 | 0·8 | 133 | 1·4 | 470 | 4·9 | 2,894 | 29·9 |
| 1942 . | .. | .. | .. | .. | 1 | 0·01 | 2,705 | 27·7 | 73 | 0·7 | 143 | 1·5 | 478 | 4·8 | 3,400 | 34·8 |
| 1943 . | .. | .. | .. | .. | .. | .. | 2,355 | 23·9 | 61 | 0·6 | 152 | 1·5 | 418 | 4·3 | 2,986 | 30·3 |
| 1944 . | .. | .. | .. | .. | 1 | 0·01 | 2,753 | 27·7 | 123 | 1·2 | 223 | 2·2 | 494 | 5·0 | 3,594 | 36·1 |

Dharampur—

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1940 . | .. | .. | .. | .. | .. | .. | 731 | 6·0 | 6 | 0·0 | 16 | 0·1 | 27 | 0·2 | 780 | 6·4 |
| 1941 . | .. | .. | 3 | 0·02 | .. | .. | 1,417 | 11·4 | 22 | 0·25 | 27 | 0·2 | 29 | 0·2 | 1,495 | 12·1 |
| 1942 . | .. | .. | 7 | 0·06 | .. | .. | 1,417 | 11·4 | 8 | 0·06 | 42 | 0·3 | 44 | 0·3 | 1,513 | 12·1 |
| 1943 . | .. | .. | .. | .. | .. | .. | 1,505 | 11·9 | 8 | 0·06 | 28 | 0·2 | 56 | 0·4 | 1,597 | 12·6 |
| 1944 . | .. | .. | 19 | 0·1 | .. | .. | 1,940 | 15·3 | 16 | 0·1 | 29 | 0·2 | 40 | 0·3 | 2,044 | 16·1 |

TABLE 25.—DEATHS AND RATES PER MILLE FROM CERTAIN CAUSES OR GROUPS OF CAUSES OF MORTALITY IN INDIAN STATES —*contd.*

| State. | Cholera. | | Smallpox. | | Plague. | | Fevers. | | Dysentery & Diarrhœa. | | Respiratory Diseases. | | Other Causes. | | Total. | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Deaths. | Rate p.m. | Deaths. | Rate p.m. | Deaths. | Rate p.m. | Deaths. | Rate p.m. | Deaths. | Rate p.m. | Deaths. | Rate p.m. | Deaths. | Rate p.m. | Deaths. | Rate p.m. |
| KOLHAPUR AND DECCAN STATES— | | | | | | | | | | | | | | | | |
| Kolhapur— | | | | | | | | | | | | | | | | |
| 1940 | 16 | 0·02 | 284 | 0·3 | 123 | 0·1 | 13,237 | 12·2 | 1,029 | 1·0 | 1,660 | 1·5 | 5,804 | 5·4 | 22,153 | 20·5 |
| 1941 | 620 | 0·6 | 131 | 0·1 | 142 | 0·1 | 13,674 | 12.5 | 1.482 | 1·4 | 2,020 | 1·8 | 7,234 | 6·6 | 25,303 | 23·1 |
| 1942 | 248 | 0·2 | 25 | 0·2 | 79 | 0·7 | 14,555 | 13·1 | 1,635 | 1·5 | 1,521 | 1·4 | 4,677 | 4·2 | 22,740 | 20·5 |
| 1943 | 621 | 0·6 | 71 | 0·6 | 43 | 0·4 | 14,199 | 12·6 | 1,066 | 0·9 | 804 | 0·7 | 8,016 | 7·1 | 24,820 | 22·1 |
| 1944 | 166 | 0·1 | 140 | 0·1 | 99 | 0·9 | 13,883 | 12·2 | 1,376 | 1·2 | 1,857 | 1·6 | 7,007 | 6·2 | 24,528 | 21·6 |
| Jamkhandi.— | | | | | | | | | | | | | | | | |
| 1940 | .. | .. | 8 | 0·06 | 232 | 1·8 | 1,360 | 10·8 | 114 | 0·9 | 15 | 0·1 | 1,345 | 10·7 | 3,074 | 24·5 |
| 1941 | 137 | 1·1 | 26 | 0·2 | 62 | 0·5 | 1,532 | 12·1 | 192 | 1·5 | 25 | 0·2 | 1,332 | 10·5 | 3.306 | 26·1 |
| 1942 | 315 | 2·5 | 28 | 0·2 | 3 | 0·02 | 1,408 | 11·0 | 171 | 1·3 | 12 | 0·09 | 1,275 | 10·0 | 3,212 | 25·1 |
| 1943 | 234 | 1·8 | 62 | 0·5 | .. | .. | 1,674 | 13·0 | 125 | 1·0 | 9 | 0·07 | 1,380 | 10·7 | 3,484 | 27·0 |
| 1944 | 20 | 0·2 | 11 | 0·08 | 1 | 0·01 | 1,732 | 13·3 | 115 | 0·9 | 5 | 0·03 | 1,318 | 10·1 | 3,202 | 24·6 |
| Kurundwad (Senior)— | | | | | | | | | | | | | | | | |
| 1940 | .. | .. | 3 | 0·06 | 18 | 0.3 | * | .. | 7 | 0.1 | * | .. | 946† | 18·2 | 974 | 18·7 |
| 1941 | 69 | 1·3 | 33 | 0·6 | 9 | 0·2 | * | .. | 11 | 0.2 | * | .. | 1,138† | 21·5 | 1,260 | 23·8 |
| 1942 | 20 | 0·4 | 4 | 0·07 | 3 | 0·05 | 274 | 5·1 | 132 | 2.5 | 175 | 3.3 | 512 | 9·5 | 1,120 | 20·9 |
| 1943 | 81 | 1·5 | 16 | 0·3 | 3 | 0·06 | * | .. | 11 | 0.2 | * | .. | 1,138† | 20·9 | 1,249 | 22·9 |
| 1944 | .. | .. | .. | .. | .. | .. | 314 | 5·7 | 82 | 1.5 | 133 | 2.4 | 615 | 11·1 | 1,144 | 20·7 |
| WESTERN INDIA STATES AGENCY | | | | | | | | | | | | | | | | |
| Nawanagar‡— | | | | | | | | | | | | | | | | |
| 1940 | .. | .. | 138 | 0·3 | .. | .. | 693 | 1·4 | 127 | 0·3 | 239 | 0·5 | 414 | 0·8 | 1,611 | 3·2 |
| 1941 | .. | .. | 20 | 0·00 | .. | .. | 641 | 1·3 | 97 | 0·2 | 175 | 0·3 | 376 | 0·7 | 1,309 | 2·7 |
| 1942 | .. | .. | 187 | 0·4 | .. | .. | 770 | 1·5 | 96 | 0·18 | 228 | 0·4 | 383 | 0·7 | 1,664 | 3·2 |
| 1943 | .. | .. | 98 | 0·2 | .. | .. | 1,180 | 2·2 | 84 | 0·16 | 150 | 0·3 | 413 | 0·8 | 1,925 | 3·7 |
| 1944 | .. | .. | 10 | 0·02 | .. | .. | 1,150 | 2·1 | 83 | 0·15 | 128 | 0·2 | 391 | 0·7 | 1,762 | 3·3 |

* Not available. † Including Fever and Respiratory Diseases. ‡ Only urban areas.

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Miraj (Senior)— | | | | | | | | | | | | | | | | |
| 1940 . | 3 | 0·03 | 26 | 0·2 | 23 | 0·2 | 725 | 6·7 | 82 | 0·8 | 161 | 1·5 | 1,472 | 13·7 | 2,492 | 23·2 |
| 1941 . | 114 | 1·0 | 12 | 0·1 | 141 | 1·3 | 1,030 | 9·4 | 125 | 1·1 | 356 | 3·3 | 770 | 7·1 | 2,548 | 23·3 |
| 1942* | | | | | | | | | | | | | | | | |
| 1943 . | 69 | 0·6 | 8 | 0·07 | .. | .. | 888 | 7·9 | 68 | 0·6 | 607 | 5·4 | 303 | 2·7 | 1,943 | 17·3 |
| 1944 . | .. | .. | 46 | 0·4 | 25 | 0·2 | 1,022 | 9·0 | 81 | 0·7 | 266 | 2·3 | 932 | 8·2 | 2,372 | 20·9 |
| U. P. STATES— | | | | | | | | | | | | | | | | |
| Benares— | | | | | | | | | | | | | | | | |
| 1940 .. | 242 | 0·54 | 816 | 1·8 | 283 | 0·63 | 4,623 | 10·3 | 17 | 0·04 | 54 | 0·12 | 1,761 | 3·9 | 7,796 | 17·4 |
| 1941 .. | 307 | 0·68 | 1,072 | 2·4 | 63 | 0·01 | 4,846 | 10·7 | 21 | 0·05 | 14 | 0·03 | 1,826 | 4·0 | 8,149 | 17·9 |
| 1942 .. | 536 | 1·2 | 241 | 0·52 | 543 | 1·1 | 3,756 | 8·2 | 290 | 0·63 | 34 | 0·07 | 1,984 | 4·3 | 7,384 | 16·1 |
| 1943 .. | 526 | 1·1 | 159 | 0·34 | 529 | 1·1 | 4,452 | 9·6 | 213 | 0·46 | 27 | 0·06 | 1,573 | 3·4 | 7,479 | 16·1 |
| 1944 .. | 381 | 0·81 | 89 | 0·12 | 457 | 0·96 | 3,624 | 7·7 | 253 | 0·53 | 35 | 0·07 | 1,387 | 2·9 | 6,226 | 13·2 |
| PUNJAB STATES— | | | | | | | | | | | | | | | | |
| Patiala— | | | | | | | | | | | | | | | | |
| 1942†. | 26 | 0·01 | 59 | 0·03 | 3 | 0·00 | 41,496 | 20·1 | 440 | 0·22 | 1,125 | 0·56 | 2,035 | 1·0 | 45,184 | 21·9 |
| 1943‡.. | 6 | 0·00 | 51 | 0·03 | 6 | 0·00 | 62,767 | 31·2 | 824 | 0·41 | 1,197 | 0·6 | 2,204 | 1·1 | 67,055 | 33·4 |
| 1944* | | | | | | | | | | | | | | | | |
| Nabha— | | | | | | | | | | | | | | | | |
| 1940 .. | 2 | 0·01 | 64 | 0·19 | .. | .. | 3,097 | 9·2 | 441 | 1·3 | 547 | 1·6 | 634 | 1·9 | 4,785 | 14·2 |
| 1941 .. | 13 | 0·04 | 14 | 0·04 | .. | .. | * | .. | 898 | 2·6 | 959 | 2·8 | 4,439 | 13·0 | 6,323 | 18·5 |
| 1942 .. | .. | .. | 2 | 0·01 | .. | .. | 7,134 | 20·6 | 327 | 0·94 | 906 | 2·6 | 664 | 1·9 | 9,033 | 26·0 |
| 1943 .. | .. | .. | 71 | 0·20 | .. | .. | 5,852 | 16·6 | 205 | 0·58 | 820 | 2·3 | 482 | 1·4 | 7,430 | 21·1 |
| 1944 . | .. | .. | 273 | 0·76 | .. | .. | 5,545 | 15·5 | 333 | 0·93 | 862 | 2·4 | 440 | 1·2 | 7,453 | 20·8 |
| Sirmoor— | | | | | | | | | | | | | | | | |
| 40 .. | .. | .. | .. | .. | .. | .. | 937 | 6·0 | 200 | 1·3 | 236 | 1·5 | 585 | 3·8 | 1,958 | 12·6 |
| 941 .. | .. | .. | .. | .. | .. | .. | 1,247 | 7·8 | 238 | 1·5 | 228 | 1·5 | 583 | 3·7 | 2,296 | 14·7 |
| 1942 .. | .. | .. | 5 | 0·03 | .. | .. | 1,506 | 9·6 | 138 | 0·88 | 76 | 0·48 | 399 | 2·5 | 2,124 | 13·5 |
| 1943 .. | .. | .. | .. | .. | .. | .. | 1,453 | 9·2 | 108 | 0·68 | * | .. | 370 | 2·3 | 1,931 | 12·2 |
| 1944 .. | .. | .. | .. | .. | .. | .. | 1,477 | 9·3 | 139 | 0·88 | * | .. | 320 | 2·0 | 1,936 | 12·2 |

* Not available.
†According to Bikrami Era 1998.
‡According to Bikrami Era 1999.

TABLE 25.—DEATHS AND RATES PER MILLE FROM CERTAIN CAUSES OR GROUPS OF CAUSES OF MORTALITY IN INDIAN STATES—*contd.*

| State | Cholera. | | Smallpox. | | Plague. | | Fevers. | | Dysentery & Diarrhœa. | | Respiratory Diseases. | | Other Causes. | | Total. | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Deaths | Rate p.m. | Deaths | Rate p.m. | Deaths | Rate p.m. | Deaths | Rate p.m. | Deaths | Rate p.m. | Deaths | Rate p.m. | Deaths | Rate p.m. | Deaths | Rate p.m. |
| Mandi— | | | | | | | | | | | | | | | | |
| 1940 | 14 | 0·06 | 2 | 0·01 | .. | .. | 3,174 | 13·7 | 163 | 0·71 | 235 | 1·0 | 920 | 4·0 | 4,508 | 19·2 |
| 1941 | .. | .. | .. | .. | .. | .. | 4,185 | 17·9 | 130 | 0·56 | 206 | 0·88 | 381 | 1·6 | 4,902 | 21·0 |
| 1942 | 1 | 0·00 | .. | .. | .. | .. | 4,393 | 18·6 | 141 | 0·60 | 238 | 1·0 | 327 | 1·4 | 5,100 | 21·6 |
| 1943 | .. | .. | 1 | 0·00 | .. | .. | 3,841 | 16·1 | 181 | 0·76 | 197 | 0·82 | 366 | 1·5 | 4,586 | 19·2 |
| 1944 | 4 | 0·02 | 8 | 0·05 | .. | .. | 3,626 | 15·0 | 103 | 0·43 | 150 | 0·62 | 354 | 1·5 | 4,245 | 17·6 |
| Malerkotla— | | | | | | | | | | | | | | | | |
| 1940 | .. | .. | 544 | 6·2 | .. | .. | 757 | 8·6 | * | .. | * | .. | 507 | 5·8 | 1,808 | 20·6 |
| 1941 | .. | .. | 193 | 2·2 | .. | .. | 615 | 7·0 | * | .. | * | .. | 413 | 4·7 | 1,221 | 13·8 |
| 1942 | 1 | 0·01 | 80 | 0·9 | .. | .. | 1,262 | 14·2 | * | .. | * | .. | 433 | 4·9 | 1,776 | 20·0 |
| 1943 | .. | .. | 77 | 0·86 | .. | .. | 845 | 9·5 | 8 | 0·09 | 85 | 0·95 | 380 | 4·3 | 1,395 | 15·6 |
| 1944 | 18 | 0·25 | 111 | 1·2 | .. | .. | 745 | 8·3 | 23 | 0·26 | 109 | 1·2 | 389 | 4·3 | 1,395 | 15·5 |
| Chamba— | | | | | | | | | | | | | | | | |
| 1940 | .. | .. | 3 | 0·02 | .. | .. | 731 | 4·4 | 196 | 1·2 | 326 | 1·9 | 330 | 2·0 | 1,586 | 9·5 |
| 1941 | .. | .. | 6 | 0·04 | .. | .. | 832 | 4·9 | 217 | 1·3 | 276 | 1·6 | 421 | 2·5 | 1,752 | 10·3 |
| 1942 | .. | .. | .. | .. | .. | .. | 830 | 4·9 | 83 | 0·48 | 188 | 1·1 | 525 | 3·1 | 1,626 | 9·5 |
| 1943 | .. | .. | 11 | 0·06 | .. | .. | 684 | 3·9 | 139 | 0·79 | 189 | 1·1 | 320 | 1·8 | 1,343 | 7·7 |
| 1944 | 9 | 0·04 | 6 | 0·03 | .. | .. | 568 | 3·2 | 89 | 0·50 | 176 | 1·0 | 302 | 1·7 | 1,150 | 6·5 |

* Not available.

TABLE 26.—DISTRIBUTION OF QUININE, CINCHONA FEBRIFUGE, TOTAQUINA AND OTHER CINCHONA ALKALOIDS. (RURAL AREAS).

| Province. | Distributed free. | | | | Sold. | | | | Total | | | | Total Columns 10—13. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Quinine. | Cinchona Febrifuge | Totaquina. | Other Cinchona alkaloids. | Quinine. | Cinchona Febrifuge | Totaquina. | Other Cinchona alkaloids. | Quinine. | Cinchona Febrifuge | Total quina. | Other Cinchona alkaloids. | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| | lbs. | lbs. | lbs. | lbs. | lbs. | lbs. | lbs. | lbs. | lbs. | lbs. | lbs. | lbs. | lbs. |
| N.-W. F. P. | | | | | | | | | | | | | |
| 1940 | 571 | 334 | 9 | .. | .. | .. | .. | .. | 571 | 334 | 9 | .. | 914 |
| 1941 | 647 | 186 | 6 | 3 | .. | .. | .. | .. | 647 | 186 | 6 | 3 | 842 |
| 1942 | 391 | 100 | 9 | 2 | .. | .. | .. | .. | 391 | 100 | 9 | 2 | 502 |
| 1943 | 1,023 | 188 | 2 | .. | 324 | .. | .. | .. | 1,347 | 188 | 2 | .. | 1,537* |
| 1944 | 475 | 136 | .. | .. | 142 | .. | .. | .. | 617 | 136 | .. | .. | 753 |
| PUNJAB. | | | | | | | | | | | | | |
| 1940 | 3,291 | 520 | 27 | 1 | 17 | .. | .. | .. | 3,308 | 520 | 27 | 1 | 3,856 |
| 1941 | 3,260 | 357 | .. | .. | .. | .. | .. | .. | 3,260 | 357 | .. | .. | 3,617 |
| 1942 | 4,128 | 169 | 3 | 60 | .. | .. | .. | .. | 4,128 | 169 | 3 | 60 | 4,360 |
| 1943 | 1,600 | 51 | 2 | 59 | .. | .. | .. | .. | 1,600 | 51 | 2 | 59 | 1,712 |
| 1944 | 2,654 | 3 | .. | 83 | .. | .. | .. | .. | 2,654 | 3 | .. | 83 | 2,740 |
| DELHI. | | | | | | | | | | | | | |
| 1940 | 73 | 22 | .. | .. | .. | .. | .. | .. | 73 | 22 | .. | .. | 95 |
| 1941 | 48 | .. | .. | .. | .. | .. | .. | .. | 48 | .. | .. | .. | 48 |
| 1942 | 188 | 38 | .. | .. | .. | .. | .. | .. | 188 | 38 | .. | .. | 226 |
| 1943 | 28 | .. | .. | .. | .. | .. | .. | .. | 28 | .. | .. | .. | 28 |
| 1944 | 43 | .. | .. | .. | .. | .. | .. | .. | 43 | .. | .. | .. | 43 |
| U. P. | | | | | | | | | | | | | |
| 1940 | 1,260 | 2,533 | .. | .. | 691 | 6 | .. | .. | 1,951 | 2,539 | .. | .. | 4,490 |
| 1941 | 1,311 | 2,262 | .. | .. | 686 | .. | .. | .. | 1,997 | 2,262 | .. | .. | 4,259 |
| 1942 | 1,779 | 1,212 | .. | .. | 575 | .. | .. | .. | 2,354 | 1,212 | .. | .. | 3,566 |
| 1943 | 2,287 | 1,029 | 13 | 53 | 5,462 | 2,526 | 4 | 2 | 7,749 | 3,554 | 17 | 55 | 11,375 |
| 1944 | 1,590 | 1,045 | .. | .. | 7,472 | 2,482 | .. | .. | 9,062 | 3,527 | .. | .. | 12,589 |
| BIHAR | | | | | | | | | | | | | |
| 1940 | 1,864 | .. | .. | .. | .. | .. | .. | .. | 1,864 | .. | .. | .. | 1,864 |
| 1941 | 1,810 | .. | .. | .. | .. | .. | .. | .. | 1,810 | .. | .. | .. | 1,810 |
| 1942 | 2,276 | 1,300 | 45 | 12 | 9 | 1 | .. | .. | 2,285 | 1,301 | 45 | 12 | 3,643 |
| 1943 | 110 | 7 | .. | .. | 5,571 | 45 | .. | .. | 5,681 | 52 | .. | .. | 5,733 |
| 1944 | 1,357 | .. | .. | .. | 3,238 | 7 | .. | .. | 4,595 | 7 | .. | .. | 4,602 |

*1,000 Tablets extra were also distributed.

TABLE 26.—DISTRIBUTION OF QUININE, CINCHONA FEBRIFUGE, TOTAQUINA AND OTHER CINCHONA ALKALOIDS—*contd.*
(RURAL AREAS).

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ORISSA. | | | | | | | | | | | | | |
| 1940 | .. 560 | 411 | 94 | 84 | 115 | .. | .. | .. | 675 | 411 | 94 | 84 | 1,264 |
| 1941 | .. 494 | 368 | 56 | 26 | 67 | .. | .. | .. | 561 | 368 | 56 | 26 | 1,011 |
| 1942 | .. 268 | 268 | 25 | 30 | 23 | .. | .. | .. | 291 | 268 | 25 | 30 | 614 |
| 1943 | .. 278 | 228 | 21 | 5 | 7 | .. | .. | .. | 285 | 228 | 21 | 5 | 539 |
| 1944 | .. 347 | 272 | 7 | 3 | 103 | 4 | 1 | .. | 450 | 276 | 8 | 3 | 737 |
| BENGAL. | | | | | | | | | | | | | |
| 1940 | .. 11,411 | 10,972 | 66 | 26 | 27,819 | 11 | .. | .. | 39,230 | 10,983 | 66 | 26 | 50,305 |
| 1941† | .. 11,772 | 11,529 | 124 | 252 | 29,883 | .. | .. | .. | 41,655 | 11,529 | 124 | 252 | 53,560 |
| 1942* | .. 11,575 | 11,991 | 225 | 87 | 15,064 | 183 | .. | .. | 26,639 | 12,174 | 225 | 87 | 39,125 |
| 1943 | .. 19,452 | 12,941 | 184 | 400 | 22,045 | 69 | 50 | 16 | 41,497 | 13,010 | 234 | 416 | 54,602 |
| 1944 | .. 32,242 | 22,543 | 1,823 | 81 | 29,676 | 151 | 1,082 | 313 | 61,918 | 22,694 | 2,905 | 394 | 87,911 |
| C. P. | | | | | | | | | | | | | |
| 1940 | .. 785 | 276 | 7 | 35 | 305 | 326 | 1 | .. | 1,090 | 602 | 8 | 35 | 1,735 |
| 1941 | .. 657 | 294 | 143 | 22 | 840 | 58 | 56 | .. | 1,497 | 362 | 199 | 22 | 2,080 |
| 1942 | .. 853 | 173 | .. | 15 | 812 | 128 | .. | .. | 1,665 | 301 | .. | 15 | 1,981 |
| 1943 | .. 735 | 120 | 24 | 15 | 757 | 42 | 11 | .. | 1,492 | 162 | 35 | 15 | 1,704 |
| 1944 | .. 470 | 101 | 4 | 4 | 570 | 49 | .. | .. | 1,040 | 150 | 4 | 4 | 1,198 |
| BOMBAY. | | | | | | | | | | | | | |
| 1940‡ | | | | | | | | | | | | | |
| 1941‡ | .. | | | | | | | | | | | | |
| 1942 | .. 1,549 | 189 | 16 | 214 | 2,375 | .. | .. | .. | 3,924 | 189 | 16 | 214 | 4,343 |
| 1943 | .. 941 | 61 | 1 | 148 | 502 | 2 | .. | .. | 1,443 | 63 | 1 | 48 | 1,555 |
| 1944 | .. 1,090 | 25 | 5 | 128 | 792 | .. | .. | .. | 1,882 | 25 | 5 | 128 | 2,040 |
| SIND. | | | | | | | | | | | | | |
| 1940 | .. 2,250 | 194 | 115 | 93 | 822 | .. | .. | .. | 3,072 | 194 | 115 | 93 | 3,474 |
| 1941 | .. 1,276 | 224 | 60 | 105 | 555 | .. | .. | .. | 1,831 | 224 | 60 | 105 | 2,220 |
| 1942 | .. 367 | 134 | 21 | 77 | .. | .. | .. | .. | 367 | 134 | 21 | 77 | 599 |
| 1943‡ | .. | | | | | | | | | | | | |
| 1944‡ | .. | | | | | | | | | | | | |

* Incomplete.
† Excluding Khulna and Hooghly.
‡ Not recorded separately.

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| MADRAS. | | | | | | | | | | | | | |
| 1940 .. | 2,529 | 1,394 | 1,788 | 167 | 1,739 | 3 | 15 | 16 | 4,268 | 1,397 | 1,803 | 183 | 7,651 |
| 1941 .. | 1,304 | 1,793 | 1,363 | 119 | 1,732 | 116 | 251 | .. | 3,036 | 1,909 | 1,614 | 119 | 6,678 |
| 1942 .. | 990 | 1,828 | 942 | 101 | 699 | 37 | 110 | .. | 1,689 | 1,865 | 1,052 | 101 | 4,707 |
| 1943 .. | 18 | 1,604 | 37 | .. | 1,619 | 28 | 142 | .. | 1,637 | 1,632 | 179 | .. | 3,448 |
| 1944 .. | 244 | 3,367 | .. | .. | 327 | 88 | 189 | .. | 571 | 3,455 | 189 | .. | 4,215 |
| COORG. | | | | | | | | | | | | | |
| 1940 .. | 470 | 457 | 34 | 5 | 24 | 2 | 1 | .. | 494 | 459 | 35 | 5 | 993 |
| 1941 .. | 186 | 528 | 129 | 8 | 23 | .. | .. | .. | 209 | 528 | 129 | 8 | 874 |
| 1942 .. | 180 | 82 | .. | 51 | .. | .. | .. | .. | 180 | 82 | .. | 51 | 313 |
| 1943 .. | 190 | 139 | .. | .. | 105 | .. | .. | .. | 295 | 139 | .. | .. | 434 |
| 1944 .. | 59 | 52 | .. | .. | 100 | .. | .. | .. | 159 | 52 | .. | .. | 211 |
| ASSAM. | | | | | | | | | | | | | |
| 1940 .. | 1,381 | 1,369 | 21 | 103 | 203 | 688 | 95 | 351 | 1,589 | 2,057 | 116 | 454 | 4,216 |
| 1941 .. | 1,277 | 997 | 9 | 5 | 315 | 68 | .. | 226 | 1,533 | 1,065 | 9 | 231 | 2,838 |
| 1942 .. | 1,236 | 820 | 39 | 4 | 16 | 20 | .. | 231 | 1,252 | 840 | 39 | 235 | 2,366 |
| 1943 .. | 1,636 | 478 | 6 | 1 | 2,735 | 164 | .. | 2 | 4,371 | 642 | 6 | 3 | 5,022 |
| 1944 .. | 3,088 | 723 | 1 | .. | 3,174 | 70 | .. | 318 | 6,262 | 793 | 1 | 318 | 7,374 |
| AJMER-MERWARA. | | | | | | | | | | | | | |
| 1940 .. | 42 | 17 | .. | .. | .. | .. | .. | .. | 42 | 17 | .. | .. | 59 |
| 1941 .. | 36 | 12 | .. | .. | .. | .. | .. | .. | 36 | 12 | .. | .. | 48 |
| 1942 .. | 23 | 9 | .. | .. | .. | .. | .. | .. | 23 | 9 | .. | .. | 32 |
| 1943 .. | 67 | 8 | .. | .. | .. | .. | .. | .. | 67 | 8 | .. | .. | 75 |
| 1944 .. | 38 | 10 | .. | .. | 12 | .. | .. | .. | 50 | 10 | .. | .. | 60 |
| TOTAL (RURAL) | | | | | | | | | | | | | |
| 1940 | 26,487 | 18,499 | 2,161 | 514 | 31,740 | 1,036 | 112 | 367 | 58,227 | 19,535 | 2,273 | 881 | 80,916 |
| 1941 | 24,078 | 18,550 | 1,890 | 540 | 34,101 | 242 | 307 | 226 | 58,120 | 18,802 | 2,197 | 766 | 79,885 |
| 1942 | 25,803 | 18,313 | 1,325 | 653 | 19,573 | 369 | 110 | 231 | 45,376 | 18,682 | 1,435 | 884 | 66,377 |
| 1943 | 28,365 | 16,854 | 290 | 581 | 39,125 | 2,876 | 209 | 20 | 67,490 | 19,729 | 499 | 601 | 87,764 |
| 1944 | 41,697 | 28,277 | 1,840 | 299 | 45,606 | 2,851 | 1,272 | 631 | 89,303 | 31,128 | 3,112 | 930 | 124,473 |

TABLE 26.—DISTRIBUTION OF QUININE, CINCHONA FEBRIFUGE, OTAQUINA AND OTHER CINCHONA ALKALOIDS—*contd.*
(URBAN AREAS).

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| N.-W. F. P. | | | | | | | | | | | | | |
| 1940 .. | 348 | 232 | 9 | .. | .. | .. | .. | .. | 348 | 232 | 9 | .. | 589 |
| 1941 .. | 368 | 232 | .. | .. | .. | .. | .. | .. | 368 | 232 | .. | .. | 600 |
| 1942 .. | 308 | 169 | 12 | .. | .. | .. | .. | .. | 308 | 169 | 12 | .. | 489 |
| 1943 .. | 459 | 80 | 2 | .. | 419 | .. | .. | .. | 878 | 80 | 2 | .. | 960 |
| 1944 .. | 356 | 69 | 9 | .. | 368 | .. | .. | .. | 724 | 69 | 9 | .. | 802 |
| PUNJAB. | | | | | | | | | | | | | |
| 1940 .. | 883 | 123 | .. | .. | .. | .. | .. | .. | 883 | 123 | .. | .. | 1,006 |
| 1941 .. | 896 | 50 | .. | .. | .. | .. | .. | .. | 896 | 50 | .. | .. | 946 |
| 1942 .. | 1,096 | 123 | 5 | 10 | 406 | .. | .. | .. | 1,502 | 123 | 5 | 10 | 1,640 |
| 1943 .. | 608 | 8 | .. | 3 | .. | .. | .. | .. | 608 | 8 | .. | 3 | 619 |
| 1944 .. | 1,174 | 1 | .. | 21 | .. | .. | .. | .. | 1,174 | 1 | .. | 21 | 1,196 |
| DELHI. | | | | | | | | | | | | | |
| 1940 . | 173 | 130 | .. | .. | .. | .. | .. | .. | 173 | 130 | .. | .. | 303 |
| 1941 . | 171 | 136 | .. | .. | .. | .. | .. | .. | 171 | 136 | .. | .. | 307 |
| 1942 . | 267 | 151 | .. | .. | 498 | .. | .. | .. | 765 | 151 | .. | .. | 916 |
| 1943 . | 251 | 5 | .. | .. | 172 | .. | .. | .. | 423 | 5 | .. | .. | 428 |
| 1944 . | 249 | 3 | .. | .. | .. | .. | .. | .. | 249 | 3 | .. | .. | 252 |
| U. P. | | | | | | | | | | | | | |
| 1940 . | 1,009 | 739 | .. | .. | .. | .. | .. | .. | 1,009 | 739 | .. | .. | 1,748 |
| 1941 . | 1,104 | 648 | .. | .. | .. | .. | .. | .. | 1,104 | 648 | .. | .. | 1,752 |
| 1942 . | 1,160 | 434 | .. | .. | 282 | .. | .. | .. | 1,442 | 434 | .. | .. | 1,876 |
| 1943 . | 1,363 | 457 | 5 | 43 | 5 | 4 | 6 | 1 | 1,368 | 461 | 12 | 44 | 1,885 |
| 1944 . | 5,396 | 2,044 | .. | .. | 3 | .. | .. | .. | 5,399 | 2,044 | .. | .. | 7,443 |
| BIHAR. | | | | | | | | | | | | | |
| 1940* | | | | | | | | | | | | | |
| 1941* | | | | | | | | | | | | | |
| 1942 . | 445 | 313 | 50 | 16 | 22 | 13 | .. | .. | 467 | 326 | 50 | 16 | 859 |
| 1943 . | 1 | .. | .. | .. | 1,664 | 125 | .. | .. | 1,665 | 125 | .. | .. | 1,790 |
| 1944 . | .. | .. | .. | .. | 1,179 | .. | .. | .. | 1,179 | .. | .. | .. | 1,179 |

* Not recorded separately.

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Orissa.** | | | | | | | | | | | | | |
| 1940 . | 154 | 106 | .. | 10 | 107 | .. | 2 | 2 | 261 | 106 | 2 | 12 | 381 |
| 1941 . | 173 | 107 | 36 | 11 | 51 | .. | .. | .. | 224 | 107 | 36 | 11 | 378 |
| 1942 . | 123 | 103 | 22 | 21 | 77 | .. | .. | .. | 200 | 103 | 22 | 21 | 346 |
| 1943 . | 111 | 69 | 19 | 18 | 48 | 6 | .. | .. | 159 | 75 | 19 | 18 | 271 |
| 1944 . | 167 | 101 | .. | 42 | 86 | .. | .. | .. | 253 | 101 | .. | 42 | 396 |
| **Bengal.** | | | | | | | | | | | | | |
| 1940 . | 1,438 | 1,128 | 6 | 11 | 6,532 | 15 | 2 | .. | 7,970 | 1,143 | 8 | 11 | 9,132 |
| 1941†. | 1,513 | 1,203 | 48 | 12 | 5,679 | 59 | .. | 7 | 7,192 | 1,292 | 48 | 19 | 8,551 |
| 1942‡. | 1,469 | 1,300 | 10 | 10 | 266 | 115 | .. | .. | 1,735 | 1,415 | 10 | 10 | 3,170 |
| 1943 . | 2,436 | 1,046 | 77 | 31 | 12,541 | 1 | 306 | 15 | 14,977 | 1,047 | 383 | 46 | 16,453 |
| 1944 . | 6,364 | 3,870 | 108 | 65 | 8,095 | 11 | 371 | 117 | 14,459 | 3,881 | 479 | 182 | 19,001 |
| **C. P.** | | | | | | | | | | | | | |
| 1940 . | 526 | 314 | 7 | 15 | 308 | 406 | 7 | .. | 834 | 720 | 14 | 15 | 1,583 |
| 1941 . | 509 | 419 | 180 | 9 | 233 | 43 | 47 | .. | 742 | 462 | 227 | 9 | 1,440 |
| 1942 . | 559 | 236 | .. | 6 | 517 | 96 | .. | .. | 1,076 | 332 | .. | 6 | 1,414 |
| 1943 . | 598 | 88 | .. | 11 | 948 | 40 | 19 | 3 | 1,546 | 128 | 19 | 14 | 1,707 |
| 1944 . | 611 | 122 | .. | 12 | 528 | 4 | .. | .. | 1,139 | 126 | .. | 12 | 1,277 |
| **Bombay** | | | .. | .. | | .. | . | .. | | | | | |
| 1940*. | | | | .. | | | . | . | | | | | |
| 1941*. | | | | | | | | | | | | | |
| 1942 . | 771 | 109 | 18 | 175 | .. | .. | .. | .. | 771 | 109 | 18 | 175 | 1,073 |
| 1943 . | 778 | 42 | 15 | 106 | .. | .. | .. | .. | 778 | 42 | 15 | 106 | 941 |
| 1944 . | 680 | 40 | 3 | 91 | .. | .. | .. | .. | 680 | 40 | 3 | 91 | 814 |
| **Sind.** | | | | | | | | | | | | | |
| 1940 . | 499 | 277 | 20 | 16 | 46 | 7 | .. | 1 | 545 | 284 | 20 | 17 | 866 |
| 1941 . | 486 | 277 | 53 | 140 | .. | .. | .. | .. | 486 | 277 | 53 | 140 | 956 |
| 1942 . | 483 | 133 | 14 | 55 | .. | .. | .. | .. | 483 | 133 | 14 | 55 | 685 |
| 1943*. | | | | | | | | | | | | | |
| 1944*. | | | | | | | | | | | | | |

* Not recorded separately.
† Excluding Khulna & Hooghly.
‡ Incomplete.

TABLE 23.—DISTRIBUTION OF QUININE, CINCHONA FEBRIFUGE, TOTAQUINA AND OTHER CINCHONA ALKALOIDS.—*contd.*
(URBAN AREAS.)

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| MADRAS. | | | | | | | | | | | | | |
| 1940 . | 984 | 150 | 1,248 | 67 | 62 | 1 | 30 | 1 | 1,046 | 151 | 1,278 | 68 | 2,543 |
| 1941 . | 737 | 176 | 880 | 71 | 3,067 | 796 | 2,184 | .. | 3,804 | 972 | 3,064 | 71 | 7,911 |
| 1942 . | 644 | 178 | 726 | 59 | 1,620 | 564 | 1,460 | 6 | 2,264 | 742 | 2,186 | 65 | 5,257 |
| 1943 . | .. | 75 | .. | .. | 5,402 | 390 | 2,081 | 14 | 5,402 | 465 | 2,081 | 14 | 7,962 |
| 1944 . | 23 | 406 | 5 | .. | 7,555 | 884 | 2,379 | 2 | 7,578 | 1,290 | 2,384 | 2 | 11,254 |
| COORG. | | | | | | | | | | | | | |
| 1940 . | 66 | 92 | 149 | 1 | 11 | .. | .. | .. | 77 | 92 | 149 | 1 | 319 |
| 1941 . | 45 | 147 | 60 | .. | 18 | .. | .. | .. | 63 | 147 | 60 | .. | 270 |
| 1942 . | 111 | 26 | .. | 33 | .. | .. | .. | .. | 111 | 26 | .. | 33 | 170 |
| 1943 . | 166 | 74 | .. | .. | 35 | .. | .. | .. | 201 | 74 | .. | .. | 275 |
| 1944 . | 36 | 39 | .. | .. | 69 | .. | .. | .. | 105 | 39 | .. | .. | 144 |
| ASSAM. | | | | | | | | | | | | | |
| 1940 . | 450 | 268 | 7 | 81 | 10 | 6 | .. | 183 | 460 | 274 | 7 | 264 | 1,005 |
| 1941 . | 371 | 226 | 2 | .. | 14 | 18 | .. | 85 | 385 | 244 | 2 | 85 | 716 |
| 1942 . | 452 | 313 | 22 | 1 | 7 | 11 | .. | 30 | 459 | 324 | 22 | 31 | 836 |
| 1943 . | 226 | 92 | .. | 5 | 150 | 81 | 2 | 11 | 376 | 173 | 2 | 16 | 567 |
| 1944 . | 321 | 147 | .. | .. | 1,145 | 3 | .. | 2 | 1,466 | 150 | .. | 2 | 1,618 |
| AJMER-MERWARA. | | | | | | | | | | | | | |
| 1940 . | 204 | 108 | .. | .. | .. | .. | .. | .. | 204 | 108 | .. | .. | 312 |
| 1941 . | 164 | 120 | .. | .. | .. | .. | .. | .. | 164 | 120 | .. | .. | 284 |
| 1942 . | 110 | 143 | .. | .. | 2 | .. | .. | .. | 112 | 143 | .. | .. | 255 |
| 1943 . | 140 | 62 | .. | .. | 18 | .. | .. | .. | 158 | 62 | .. | .. | 220 |
| 1944 . | 197 | 30 | .. | .. | 45 | 2 | .. | .. | 242 | 32 | .. | .. | 274 |
| TOTAL (URBAN) | | | | | | | | | | | | | |
| 1940 . | 6,734 | 3,667 | 1,446 | 201 | 7,076 | 435 | 41 | 187 | 13,810 | 4,102 | 1,487 | 388 | 19,787 |
| 1941 . | 6,537 | 3,741 | 1,259 | 243 | 9,062 | 916 | 2,231 | 92 | 15,599 | 4,687 | 3,490 | 335 | 24,111 |
| 1942 . | 7,998 | 3,731 | 879 | 386 | 3,697 | 799 | 1,460 | 36 | 11,695 | 4,530 | 2,339 | 422 | 18,986 |
| 1943 . | 7,137 | 2,098 | 118 | 217 | 21,387 | 647 | 2,429 | 44 | 28,524 | 2,745 | 2,548 | 261 | 34,078 |
| 1944 | 1 574 | 6 872 | 125 | 231 | 19,073 | 904 | 2,750 | 121 | 34,647 | 7,776 | 2,875 | 352 | 45,650 |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| N.-W. F. P. | | | | | | | | | | | | | |
| 1940 . | 919 | 566 | 18 | .. | .. | .. | .. | .. | 919 | 566 | 18 | .. | 1,503 |
| 1941 . | 1,015 | 418 | 6 | 3 | .. | .. | .. | .. | 1,015 | 418 | 6 | 3 | 1,442 |
| 1942 . | 699 | 269 | 21 | 2 | .. | .. | .. | .. | 699 | 269 | 21 | 2 | 991 |
| 1943 . | 1,482 | 268 | 4 | .. | 743 | .. | .. | .. | 2,225 | 268 | 4 | .. | 2,497 |
| 1944 . | 831 | 205 | 9 | .. | 510 | .. | .. | .. | 1,341 | 205 | 9 | .. | 1,555 |
| Punjab. | | | | | | | | | | | | | |
| 1940 . | 4,174 | 643 | 27 | 1 | 17 | .. | .. | .. | 4,191 | 643 | 27 | 1 | 4,862 |
| 1941 . | 4,156 | 407 | .. | .. | .. | .. | .. | .. | 4,156 | 407 | .. | .. | 4,563 |
| 1942 . | 5,224 | 292 | 8 | 70 | 406 | .. | .. | .. | 5,630 | 292 | 8 | 70 | 6,000 |
| 1943 . | 2,208 | 59 | 2 | 62 | .. | .. | .. | .. | 2,208 | 59 | 2 | 62 | 2,331 |
| 1944 . | 3,828 | 4 | .. | 104 | .. | .. | .. | .. | 3,828 | 4 | .. | 104 | 3,936 |
| Delhi. | | | | | | | | | | | | | |
| 1940 . | 246 | 152 | .. | .. | .. | .. | .. | .. | 246 | 152 | .. | .. | 398 |
| 1941 . | 219 | 136 | .. | .. | .. | .. | .. | .. | 219 | 136 | .. | .. | 355 |
| 1942 . | 455 | 189 | .. | .. | 498 | .. | .. | .. | 953 | 189 | .. | .. | 1,142 |
| 1943 . | 279 | 5 | .. | .. | 172 | .. | .. | .. | 451 | 5 | .. | .. | 456 |
| 1944 . | 292 | 3 | .. | .. | .. | .. | .. | .. | 292 | 3 | .. | .. | 295 |
| U. P. | | | | | | | | | | | | | |
| 1940 . | 2,269 | 3,272 | .. | .. | 691 | 6 | .. | .. | 2,960 | 3,278 | .. | .. | 6,238 |
| 1941 . | 2,415 | 2,910 | .. | .. | 686 | .. | .. | .. | 3,101 | 2,910 | .. | .. | 6,011 |
| 1942 . | 2,939 | 1,646 | .. | .. | 857 | .. | .. | .. | 3,796 | 1,646 | .. | .. | 5,442 |
| 1943 . | 3,650 | 1,486 | 18 | 96 | 5,467 | 2,530 | 10 | 3 | 9,117 | 4,015 | 29 | 99 | 13,260 |
| 1944 . | 6,986 | 3,089 | .. | .. | 7,475 | 2,482 | .. | .. | 14,461 | 5,571 | .. | .. | 20,032 |
| Bihar. | | | | | | | | | | | | | |
| 1940 . | 1,864 | .. | .. | .. | 386 | .. | .. | .. | 2,250 | .. | .. | .. | 2,250 |
| 1941 . | 1,810 | .. | .. | .. | 365 | .. | .. | .. | 2,175 | .. | .. | .. | 2,175 |
| 1942 . | 2,721 | 1,613 | 95 | 28 | 31 | 14 | .. | .. | 2,752 | 1,627 | 95 | 28 | 4,502 |
| 1943 . | 111 | 7 | .. | .. | 7,235 | 170 | .. | .. | 7,346 | 177 | .. | .. | 7,523 |
| 1944 . | 1,357 | .. | .. | .. | 4,417 | 7 | .. | .. | 5,774 | 7 | .. | .. | 5,781 |
| Orissa. | | | | | | | | | | | | | |
| 1940 . | 714 | 517 | 94 | 94 | 222 | .. | 2 | 2 | 936 | 517 | 96 | 96 | 1,645 |
| 1941 . | 667 | 475 | 92 | 37 | 118 | .. | .. | .. | 785 | 475 | 92 | 37 | 1,389 |
| 1942 . | 391 | 371 | 47 | 51 | 100 | .. | .. | .. | 491 | 371 | 47 | 51 | 960 |
| 1943 . | 389 | 297 | 40 | 23 | 55 | 6 | .. | .. | 444 | 303 | 40 | 23 | 810 |
| 1944 . | 514 | 373 | 7 | 45 | 189 | 4 | 1 | .. | 703 | 377 | 8 | 45 | 1,133 |

TABLE 26.—DISTRIBUTION OF QUININE, CINCHONA FEBRIFUGE TOTAQUINA AND OTHER CINCHONA ALKALOIDS—*contd.*
(TOTAL).

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BENGAL. | | | | | | | | | | | | | |
| 1940 . | 12,849 | 12,100 | 72 | 37 | 34,351 | 26 | 2 | .. | 47,200 | 12,126 | 74 | 37 | 59,437 |
| 1941 . | 13,285 | 12,732 | 172 | 264 | 35,562 | 59 | .. | 7 | 48,847 | 12,821 | 172 | 271 | 62,111 |
| 1942† . | 13,044 | 13,291 | 235 | 97 | 15,330 | 298 | .. | .. | 28,374 | 13,589 | 235 | 97 | 42,295 |
| 1943 . | 21,888 | 13,987 | 261 | 431 | 34,586 | 70 | 356 | 31 | 56,474 | 14,057 | 617 | 462 | 71,055 |
| 1944 . | 38,606 | 26,413 | 1,931 | 146 | 37,771 | 162 | 1,453 | 430 | 76,377 | 26,575 | 3,384 | 576 | 106,912 |
| C. P. | | | | | | | | | | | | | |
| 1940 . | 1,311 | 590 | 14 | 50 | 613 | 732 | 8 | .. | 1,924 | 1,322 | 22 | 50 | 3,318 |
| 1941 . | 1,166 | 713 | 323 | 31 | 1,073 | 101 | 103 | .. | 2,239 | 824 | 426 | 31 | 3,520 |
| 1942 . | 1,412 | 409 | .. | 21 | 1,329 | 224 | .. | .. | 2,741 | 633 | .. | 21 | 3,395 |
| 1943 . | 1,333 | 208 | 24 | 26 | 1,705 | 82 | 30 | 3 | 3,038 | 290 | 54 | 29 | 3,411 |
| 1944 . | 1,081 | 223 | 4 | 16 | 1,098 | 53 | .. | .. | 2,179 | 276 | 4 | 16 | 2,475 |
| BOMBAY. | | | | | | | | | | | | | |
| 1940 . | 3,252 | 414 | 165 | 276 | 3,137 | 10 | 3 | 4 | 6,389 | 424 | 168 | 280 | 7,261 |
| 1941 . | 3,664 | 432 | 152 | 350 | 2,570 | .. | .. | 1 | 6,234 | 433 | 152 | 350 | 7,169 |
| 1942 . | 2,320 | 298 | 34 | 389 | 2,375 | .. | .. | .. | 4,695 | 298 | 34 | 389 | 5,416 |
| 1943 . | 1,719 | 103 | 16 | 154 | 502 | 2 | .. | .. | 2,221 | 105 | 16 | 154 | 2,496 |
| 1944 . | 1,770 | 65 | 8 | 219 | 792 | .. | .. | .. | 2,562 | 65 | 8 | 219 | 2,854 |
| SIND. | | | | | | | | | | | | | |
| 1940 . | 2,749 | 471 | 135 | 109 | 868 | 7 | .. | 1 | 3,617 | 478 | 135 | 110 | 4,340 |
| 1941 . | 1,762 | 501 | 113 | 245 | 555 | .. | .. | .. | 2,317 | 501 | 113 | 245 | 3,176 |
| 1942 . | 1,153 | 267 | 35 | 132 | 2,238 | .. | .. | .. | 3,391 | 267 | 35 | 132 | 3,825 |
| 1943 . | 1,438 | .. | .. | .. | 3,087 | .. | .. | .. | 4,525 | .. | .. | .. | 4,525 |
| 1944 . | 1,435 | .. | .. | .. | 2,325 | .. | .. | .. | 3,760 | .. | .. | .. | 3,760* |
| MADRAS. | | | | | | | | | | | | | |
| 1940 . | 3,513 | 1,544 | 3,036 | 234 | 1,801 | 4 | 45 | 17 | 5,314 | 1,548 | 3,081 | 251 | 10,194 |
| 1941 . | 2,041 | 1,969 | 2,243 | 190 | 4,799 | 912 | 2,435 | .. | 6,840 | 2,881 | 4,678 | 190 | 14,589 |
| 1942 . | 1,634 | 2,006 | 1,668 | 160 | 2,319 | 601 | 1,670 | 6 | 3,953 | 2,607 | 3,238 | 166 | 9,964 |
| 1943 . | 18 | 1,679 | 37 | .. | 7,021 | 418 | 2,223 | 14 | 7,039 | 2,097 | 2,260 | 14 | 11,410 |
| 1944 . | 267 | 3,773 | 5 | .. | 7,882 | 972 | 2,568 | 2 | 8,149 | 4,745 | 2,573 | 2 | 15,469 |

*Includes quantity distributed by Public Health Department for which distribution by rural and urban is not available.
†Incomplete.

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Coorg.** | | | | | | | | | | | | | |
| 1940 . | 536 | 549 | 183 | 6 | 35 | 2 | 1 | .. | 571 | 551 | 184 | 6 | 1,812 |
| 1941 . | 231 | 675 | 189 | 8 | 41 | .. | .. | .. | 272 | 675 | 189 | 8 | 1,144 |
| 1942 . | 291 | 108 | .. | 84 | .. | .. | .. | .. | 291 | 108 | .. | 84 | 483 |
| 1943 . | 356 | 213 | .. | .. | 140 | .. | .. | .. | 496 | 213 | .. | .. | 709 |
| 1944 . | 95 | 91 | .. | .. | 169 | .. | .. | .. | 264 | 91 | .. | .. | 355 |
| **Assam.** | | | | | | | | | | | | | |
| 1940 . | 1,831 | 1,637 | 28 | 184 | 218 | 694 | 95 | 534 | 2,049 | 2,331 | 123 | 718 | 5,221 |
| 1941 . | 1,648 | 1,223 | 11 | 5 | 329 | 86 | .. | 311 | 1,918 | 1,309 | 11 | 316 | 3,554 |
| 1942 . | 1,688 | 1,133 | 61 | 5 | 23 | 31 | .. | 261 | 1,711 | 1,164 | 61 | 266 | 3,202 |
| 1943 . | 1,862 | 570 | 6 | 6 | 2,885 | 245 | 2 | 13 | 4,747 | 815 | 8 | 19 | 5,589 |
| 1944 . | 3,409 | 870 | 1 | .. | 4,319 | 73 | .. | 320 | 7,728 | 943 | 1 | 320 | 8,992 |
| **Ajmer-Merwara.** | | | | | | | | | | | | | |
| 1940 . | 246 | 125 | .. | .. | .. | .. | .. | .. | 246 | 125 | .. | .. | 371 |
| 1941 . | 200 | 132 | .. | .. | .. | .. | .. | .. | 200 | 132 | .. | .. | 332 |
| 1942 . | 133 | 152 | .. | .. | 2 | .. | .. | .. | 135 | 152 | .. | .. | 287 |
| 1943 . | 207 | 70 | .. | .. | 18 | .. | .. | .. | 225 | 70 | .. | .. | 295 |
| 1944 . | 235 | 40 | .. | .. | 57 | 2 | .. | .. | 292 | 42 | .. | .. | 334 |
| **British India.** | | | | | | | | | | | | | |
| 1940 . | 36,473 | 22,580 | 3,772 | 991 | 42,339 | 1,481 | 156 | 558 | 78,812 | 24,061 | 3,928 | 1,549 | 108,350 |
| 1941 . | 34,278 | 22,723 | 3,301 | 1,133 | 46,098 | 1,158 | 2,538 | 319 | 80,418 | 23,922 | 5,839 | 1,451 | 111,530 |
| 1942 . | 34,104 | 22,044 | 2,204 | 879 | 25,508 | 1,168 | 1,570 | 267 | 59,612 | 23,212 | 3,774 | 1,306 | 87,904 |
| 1943 . | 36,340 | 18,952 | 408 | 798 | 63,616 | 3,523 | 2,621 | 64 | 100,556 | 22,474 | 3,030 | 862 | 126,367 |
| 1944 . | 60,706 | 35,149 | 1,965 | 530 | 67,004 | 3,755 | 4,022 | 752 | 127,710 | 38,904 | 5,987 | 1,282 | 173,883 |

# SECTION III

## TABLE 27.—MATERNAL DEATH RATES PER 1,000 OF LIVE AND STILL BIRTHS FOR CERTAIN TOWNS IN BRITISH INDIA.

| | 1940. | | 1941. | | 1942. | | 1943. | | 1944. | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Deaths. | Rate p.m. | Deaths. | Rate p.m. | Deaths. | Rate p.m. | Deaths. | Rate p.m. | Deaths. | Rate p.m. |
| **N. W. F. P.** | | | | | | | | | | |
| Peshawar | 14 | 4·9 | 25 | 7·6 | 15 | 5·4 | 11 | 3·7 | 8 | 2·5 |
| Dera Ismail Khan | 2 | 1·3 | 2 | 1·6 | 9 | 7·3 | 10 | 7·7 | 4 | 2·7 |
| **Punjab.** | | | | | | | | | | |
| Bhiwani | 8 | 4·3 | 8 | 4·1 | 13 | 6·6 | 6 | 3·2 | 20 | 8.9 |
| Rohtak | 5 | 3·6 | 6 | 3·8 | 5 | 3·6 | 3 | 2·7 | 4 | 3·1 |
| Panipat | 7 | 4·3 | 16 | 8·9 | 12 | 6·7 | 8 | 4·9 | 6 | 3·3 |
| Ambala | 6 | 4·5 | 4 | 2·8 | 13 | 9·2 | 6 | 5·8 | 4 | 2·8 |
| Jullundur | 12 | 2·9 | 6 | 1·4 | 10 | 2·3 | 11 | 2·5 | 4 | 0·9 |
| Ludhiana | 18 | 5·0 | 26 | 6·8 | 31 | 9·0 | 33 | 10·2 | 27 | 7·0 |
| Ferozepore | 2 | 1·3 | 1 | 0·6 | 5 | 3·0 | 11 | 7·8 | 13 | 6·8 |
| Lahore | 107 | 5·8 | 126 | 5·5 | 129 | 5·6 | 115 | 6·9 | 148 | 5·8 |
| Kasur | 6 | 3·0 | 14 | 6·8 | 4 | 2·0 | 5 | 2·7 | 20 | 8·7 |
| Amritsar | 62 | 5·6 | 81 | 8·1 | 91 | 8·5 | 77 | 6·8 | 6 | 0·5 |
| Batala | 4 | 2·2 | 2 | 1·1 | 5 | 2·8 | 4 | 2·6 | 1 | 0·6 |
| Sialkot | 11 | 2·4 | 7 | 1·6 | 16 | 3·5 | 10 | 2·1 | 10 | 2·1 |
| Gujranwala | 3 | 1·2 | 1 | 0·5 | 6 | 3·5 | 9 | 4·7 | 22 | 9·6 |
| Rawalpindi | 5 | 1·3 | 5 | 1·2 | 8 | 1·9 | 8 | 1·7 | 12 | 2·5 |
| Lyallpur | 17 | 6·7 | 17 | 6·8 | 14 | 5·4 | 10 | 3·8 | 10 | 3·6 |
| Jhang Maghiana | 12 | 6·7 | 16 | 9·0 | 14 | 9·1 | 10 | 7·2 | 7 | 4·5 |
| Multan | 73 | 13·7 | 63 | 13·1 | 56 | 11·7 | 39 | 8·1 | 60 | 11·8 |
| **Delhi Province.** | | | | | | | | | | |
| Delhi City | 101 | 5·5 | 106 | 5·3 | 113 | 5·7 | 118 | 5·9 | 140 | 43·7 |
| New Delhi | 17 | 4·5 | 9 | 2·2 | 13 | 3·4 | 13 | 3·4 | 28 | 6·3 |
| **United Provinces.** | | | | | | | | | | |
| Lucknow | 80 | 5·9 | 97 | 6·4 | 70 | 5·1 | 44 | 3·1 | 60 | 4·5 |
| Cawnpore | 91 | 6·7 | 110 | 7·7 | 85 | 7·4 | 114 | 9·1 | 81 | 6·0 |
| Agra | 84 | 6·2 | 85 | 5·8 | 67 | 4·7 | 65 | 4·8 | 54 | 3·9 |
| Benares | 143 | 12·6 | 134 | 10·6 | 134 | 10·3 | 95 | 7·5 | 122 | 10·2 |
| Allahabad | 62 | 8·8 | 68 | 8·4 | 76 | 10·3 | 98 | 11·9 | 62 | 8·2 |
| Bareilly | 20 | 3·0 | 16 | 2·5 | 18 | 3·2 | 13 | 2·1 | 12 | 1·8 |
| Moradabad | 57 | 9·4 | 64 | 10·4 | 88 | 14·3 | 60 | 11·1 | 81 | 14·3 |
| Meerut | 24 | 5·5 | 32 | 6·4 | 39 | 7·8 | 33 | 7·6 | 31 | 6·1 |
| Aligarh (Koil) | 19 | 4·6 | 21 | 5·8 | 26 | 6·3 | 34 | 10·3 | 18 | 6·4 |
| Shahjahanpur | 19 | 6·3 | 12 | 4·3 | 9 | 2·9 | 18 | 5·9 | 11 | 3·7 |
| Saharanpur | 20 | 4.8 | 27 | 6·7 | 27 | 5·9 | 41 | 10·2 | 57 | 15·0 |
| Jhansi | 34 | 8·8 | 46 | 11·7 | 53 | 14·2 | 35 | 10·6 | 1 | 0·3 |
| Mirzapur-Bindhachal | 5 | 1·9 | 8 | 3·0 | 14 | 4·9 | 1 | 0·4 | 4 | 1·6 |
| Muttra | 24 | 7·6 | 25 | 7·6 | 19 | 6·0 | 31 | 11·7 | 43 | 13·4 |
| Fyzabad-Ajodhya | 6 | 4·6 | 12 | 7·0 | 15 | 9·2 | 12 | 7·5 | 16 | 9·3 |
| Gorakhpur | 27 | 10·2 | 32 | 11·6 | 17 | 5·6 | 20 | 8·1 | 21 | 8·5 |
| Farrukhabad-cum-Fatehgarh. | 14 | 5·5 | 13 | 5·1 | 12 | 5·0 | 19 | 8·9 | 14 | 6·6 |
| Etawah | 23 | 8·6 | 23 | 8·5 | 20 | 7·3 | 30 | 13·2 | 21 | 9·3 |
| Budaun | 14 | 5·8 | 7 | 3·0 | 9 | 3·7 | 13 | 6·5 | 12 | 8·0 |
| Amroha | 11 | 4·6 | 30 | 11·4 | 25 | 8·9 | 13 | 5·8 | 9 | 3·4 |
| Sambhal | 10 | 4·0 | 9 | 3·4 | 13 | 5·0 | 14 | 5·8 | 8 | 3·3 |
| Dehra Dun | 39 | 17· | 53* | 23·0* | 44 | 18·2 | 29 | 12·2 | 25 | 11·9 |

* Including Cantonment.

## TABLE 27.—MATERNAL DEATH RATES PER 1,000 OF LIVE AND STILL BIRTHS FOR CERTAIN TOWNS IN BRITISH INDIA—*contd.*

| | 1940. | | 1941. | | 1942. | | 1943. | | 1944. | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Deaths. | Rate p.m. | Deaths. | Rate p.m. | Deaths. | Rate p.m. | Deaths. | Rate p.m. | Deaths. | Rate p.m. |
| **United Provinces—*contd.*** | | | | | | | | | | |
| Hathras | 20 | 8·4 | 15 | 4·2 | 25 | 10·4 | 34 | 14·7 | 16 | 6·6 |
| Jaunpur | 9 | 7·1 | 12 | 9·0 | 13 | 11·2 | 8 | 8·0 | 2 | 2·3 |
| Pilibhit | 18 | 9·6 | 25 | 11·9 | 11 | 5.0 | 14 | 7·8 | 8 | 4·2 |
| Muzaffarnagar | 18 | 11·7 | 10 | 5·4 | 11 | 5·9 | 14 | 11·4 | 13 | 8·8 |
| Bahraich | 9 | 5·9 | 9 | 5·4 | 7 | 4·0 | .. | .. | 5 | 3·9 |
| Hardwar-Union | 23 | 15·8 | 21 | 13·9 | 24 | 16·2 | 16 | 11·8 | 17 | 12·2 |
| Khurja | 20 | 12·3 | 13 | 7·8 | 23 | 13·9 | 18 | 13·5 | 16 | 11·7 |
| **Bihar.—Information not available.** | | | | | | | | | | |
| **Orissa.** | | | | | | | | | | |
| Puri | 11 | 9·5 | 12 | 11·2 | 17 | 15·8 | 21 | 19·2 | 13 | 12·0 |
| Berhampur | 11 | 6·4 | 17 | 9·7 | 16 | 9·4 | 29 | 17·3 | 14 | 8·7 |
| **Bengal Presidency.** | | | | | | | | | | |
| Calcutta | 76 | 2·3 | 57 | 1·8 | 29 | 1·4 | 26 | 1·2 | 208 | 4·4 |
| Howrah | 86 | 12·5 | 82 | 12·1 | 67 | 14·2 | 77 | 14·6 | 89 | 15·7 |
| Dacca | 57 | 9·6 | 44 | 8·9 | 49 | 10·6 | 47 | 11·1 | 31 | 6·9 |
| Bhatpara | 31 | 12·0 | 25 | 9·4 | 16 | 9·2 | 12 | 6·0 | 24 | 9·6 |
| Garden Reach | 11 | 10·1 | 11 | 10·3 | 5 | 7·7 | 4 | 4·8 | 7 | 7·8 |
| Chittagong | 15 | 8·2 | 46 | 26·5 | 27 | 36·5 | 19 | 45·1 | 16 | 30·3 |
| Titagarh | 5 | 4·8 | 2 | 1·5 | 5 | 7·1 | 8 | 11·0 | 10 | 10·2 |
| Burdwan | 7 | 6·3 | 12 | 15·9 | 15 | 20·8 | 12 | 15·7 | 12 | 17·6 |
| South Suburban | 6 | 5·8 | 4 | 4·1 | 2 | 2·5 | 9 | 11·2 | 2 | 2·6 |
| Serampur | 8 | 8·5 | 11 | 11·0 | 8 | 8·9 | 8 | 9·0 | 4 | 4·9 |
| Baranagar | 6 | 5·6 | 13 | 12·1 | 2 | 2·3 | 11 | 10·7 | 10 | 9·2 |
| Barisal | 14 | 15·1 | 7 | 7·3 | 6 | 5·4 | 19 | 20·2 | 6 | 7·3 |
| Narayanganj | 14 | 10·3 | 8 | 5·8 | 11 | 8·3 | 11 | 11·5 | 7 | 10·4 |
| Hooghly—Chinsura | 15 | 11·3 | 17 | 12·5 | 18 | 16·0 | 16 | 12·4 | 15 | 10·8 |
| Sirajganj | 11 | 19·1 | 9 | 19·7 | 9 | 25·6 | 7 | 69·3 | .. | .. |
| Midnapur | 5 | 6·8 | 20 | 27·6 | 7 | 9·7 | 9 | 13·9 | 15 | 33·6 |
| Bankura | 8 | 18·1 | 14 | 33·8 | 13 | 36·1 | 5 | 16·6 | 5 | 17·6 |
| Comilla | 6 | 16·4 | 9 | 24·0 | 2 | 11·2 | 8 | 40·8 | 2 | 20·0 |
| Asansol | 11 | 9·4 | 6 | 5·6 | 3 | 4·5 | 4 | 5·8 | 3 | 5·5 |
| Naihati | 16 | 18·6 | 17 | 16·8 | 6 | 20·5 | 11 | 40·4 | 7 | 23·3 |
| Mymensingh | 5 | 15·4 | 9 | 18·6 | 9 | 17·8 | 17 | 32·0 | 10 | 27·1 |
| Kamarhati | 4 | 6·1 | 3 | 4·7 | .. | .. | 2 | 3·8 | 9 | 16·3 |
| Bally | 7 | 13·2 | 4 | 7·3 | 2 | 4·5 | 3 | 5·8 | 5 | 8·9 |
| **Central Provinces.** | | | | | | | | | | |
| Nagpur (including Nagpur civil station) | 64 | 5·4 | 151* | 11·0* | 95 | 7·7 | 46 | 3·2 | 55* | 4·1* |
| Jubbulpore | 54 | 8·7 | 65 | 10·4 | 58 | 9·0 | 40 | 6·7 | 43 | 8·3 |
| Saugor | 21 | 9·0 | 13 | 1·4 | 6 | 2·0 | 2 | 0·7 | .. | .. |
| Khandwa | 11 | 6·0 | 25 | 13·4 | 11 | 6·4 | 19 | 5·5 | 24 | 13·4 |
| Burhanpur | 22 | 9·2 | 19 | 7·4 | 15 | 6·3 | 20 | 8·4 | 17 | 6·4 |
| Raipur | 27 | 13·6 | 21 | 9·5 | 33 | 16·1 | 18 | 10·9 | 30 | 16·5 |
| Amraoti | 42 | 17·7 | 43 | 16·5 | 35 | 15·7 | 48 | 18·7 | 39 | 16·7 |
| Akola | 19 | 7·5 | 10 | 3·8 | 3 | 1·1 | 12 | 4·4 | .. | .. |
| **Bombay Presidency.** | | | | | | | | | | |
| Bombay city | 166 | 4·0 | 152 | 3·6 | 122 | 3·6 | 143 | 3·0 | 193 | 3·2 |
| Belgaum | 21 | 13·7 | 47 | 30·0 | 11 | 6·7 | 22 | 13·9 | 20 | 13·3 |
| Dharwar | 19 | 12·5 | 31 | 22·7 | 32 | 24·0 | 33 | 26·2 | 25 | 20·9 |
| Hubli | 30 | 10·8 | 54 | 19·9 | 35 | 12·5 | 36 | 15·1 | 56 | 22·8 |

* For Nagpur Town only.

TABLE 27.—MATERNAL DEATH RATES PER 1,000 OF LIVE AND STILL BIRTHS FOR CERTAIN TOWNS IN BRITISH INDIA—*contd.*

| | 1940. | | 1941. | | 1942. | | 1943. | | 1944. | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Deaths. | Rate p.m. | Deaths. | Rate p.m. | Deaths. | Rate p.m. | Deaths. | Rate p.m. | Deaths. | Rate p.m. |
| **Bombay Presidency—*contd.*** | | | | | | | | | | |
| Gadag Betigeri | 16 | 7·9 | 38 | 17·8 | 29 | 14·5 | 19 | 10·6 | 33 | 21·5 |
| Bijapur | 12 | 7·9 | 5 | 3·1 | 7 | 4·2 | .. | .. | 1 | 0·7 |
| Sholapur | 60 | 6·7 | 71 | 8·0 | 53 | 5·9 | 37 | 4·2 | 51 | 5·5 |
| Surat | 9 | 3·0 | 42 | 6·2 | 39 | 5·3 | 62 | 8·7 | 62 | 8·7 |
| Broach | 39 | 16·7 | 43 | 18·5 | 36 | 14·8 | 29 | 11·9 | 37 | 15·9 |
| Nadiad | 20 | 10·5 | 11 | 5·6 | 20 | 10·1 | 23 | 11·7 | 13 | 6·3 |
| Godhra | .. | .. | .. | .. | .. | .. | 4 | 6·4 | .. | .. |
| Ahmedabad | 165 | 7·1 | 162 | 7·9 | 89 | 6·8 | 219 | 10·3 | 204 | 9·1 |
| Jalgaon | 25 | 14·1 | 25 | 14·5 | 34 | 19·0 | 25 | 14·9 | 21 | 11·9 |
| Dhulia | 3 | 1·9 | 7 | 4·4 | 17 | 12·1 | 7 | 4·2 | 22 | 14·1 |
| Poona city | 65 | 9·9 | 56 | 7·9 | 55 | 8·1 | 33 | 4·7 | 54 | 6·7 |
| Nasik | 1 | 0·5 | 7 | 3·8 | 3 | 2·0 | .. | .. | 1 | 0·6 |
| Ahmednagar | 20 | 8·3 | 10 | 4·0 | 10 | 3·6 | 16 | 6·1 | 21 | 7·2 |
| Bandra | .. | .. | 3 | 1·8 | 1 | 0·6 | .. | .. | .. | .. |
| Kurla | .. | .. | 4 | 3·6 | 2 | 2·1 | 8 | 6·3 | 4 | 2·8 |
| **Sind.** | | | | | | | | | | |
| Karachi | 66 | 4·2 | 41 | 2·5 | 63 | 4·0 | 52 | 3·4 | 56 | 3·4 |
| Hyderabad | 67 | 16·7 | 73 | 19·0 | 54 | 13·5 | 33 | 8·9 | 52 | 13·7 |
| Sukkur | 29 | 10·6 | 26 | 10·5 | 26 | 10·3 | 20 | 9·4 | 36 | 15·0 |
| Shikarpur | 59 | 26·9 | 41 | 17·4 | 55 | 24·5 | 30 | 14·5 | 38 | 16·2 |
| **Madras Presidency.** | | | | | | | | | | |
| Bellary | 50 | 21·3 | 65 | 31·9 | 49 | 22·6 | 36 | 16·8 | 44 | 18·9 |
| Adoni | 20 | 14·0 | 10 | 6·7 | 20 | 10·8 | 11 | 7·4 | 19 | 12·2 |
| Conjeevaram | 43 | 13·0 | 69 | 21·3 | 42 | 12·3 | 58 | 19·3 | 51 | 20·5 |
| Saidapet | 5 | 3·7 | 2 | 1·5 | 6 | 6·1 | 5 | 4·4 | 3 | 3·3 |
| Coimbatore | 72 | 14·3 | 82 | 14·4 | 75 | 12·9 | 73 | 14·3 | 68 | 14·1 |
| Erode | 20 | 12·0 | 29 | 16·7 | 22 | 12·3 | 26 | 17·0 | 29 | 21·0 |
| Cocanada | 30 | 12·9 | 33 | 13·3 | 15 | 8·3 | 12 | 5·3 | 25 | 11·8 |
| Rajahmundry | 26 | 10·5 | 42 | 16·2 | 24 | 11·0 | 22 | 7·7 | 21 | 8·6 |
| Ellore | 14 | 6·7 | 25 | 11·3 | 16 | 7·7 | 21 | 9·4 | 28 | 14·7 |
| Guntur | 96 | 23·2 | 101 | 22·4 | 87 | 19·0 | 95 | 22·6 | 81 | 20·7 |
| Tenali | 20 | 15·0 | 9 | 5·0 | 19 | 10·0 | 18 | 10·2 | 18 | 10·8 |
| Bezwada | 49 | 16·3 | 32 | 10·0 | 41 | 13·7 | 33 | 9·7 | 40 | 12·6 |
| Masulipatam | 21 | 8·7 | 19 | 7·4 | 19 | 8·4 | 20 | 8·0 | 16 | 6·1 |
| Kurnool | 21 | 10·9 | 33 | 16·5 | 34 | 16·1 | 21 | 11·2 | 33 | 18·9 |
| Madras | 264 | 7·6 | 285 | 8·4 | 154 | 7·2 | 275 | 9·0 | 178 | 6·6 |
| Madura | 104 | 9·4 | 116 | 11·2 | 104 | 10·4 | 110 | 9·5 | 93 | 8·9 |
| Dindigul | 24 | 11·0 | 19 | 8·5 | 17 | 7·1 | 29 | 14·1 | 28 | 14·3 |
| Calicut | 26 | 5·1 | 45 | 10·0 | 39 | 8·8 | 36 | 7·7 | 85 | 16·3 |
| Palghat | 30 | 13·7 | 12 | 5·5 | 14 | 6·1 | 18 | 9·9 | 22 | 11·1 |
| Cannanore | 4 | 3·8 | 1 | 1·0 | 13 | 11·2 | 5 | 4·9 | 11 | 10·3 |
| Tellicherry | 26 | 21·9 | 17 | 14·7 | 6 | 5·7 | 13 | 10·6 | 12 | 9·3 |
| Nellore | 58 | 20·6 | 55 | 18·5 | 60 | 21·0 | 61 | 19·1 | 66 | 21·4 |
| Vellore | 55 | 14·4 | 50 | 14·1 | 45 | 11·3 | 56 | 15·2 | 35 | 10·3 |
| Virudunagar | 27 | 17·3 | 15 | 10·1 | 21 | 12·5 | 16 | 9·6 | 15 | 9·4 |
| Srivilliputtur | 11 | 8·8 | 28 | 20·4 | 13 | 10·1 | 15 | 11·7 | 15 | 11·3 |
| Salem | 71 | 14·2 | 59 | 12·5 | 53 | 10·5 | 57 | 12·9 | 50 | 11·5 |
| Cuddalore | 40 | 13·8 | 27 | 10·8 | 30 | 11·9 | 26 | 12·1 | 28 | 15·0 |
| Mangalore | 21 | 7·8 | 21 | 8·3 | 20 | 7·7 | 16 | 6·0 | 24 | 8·8 |
| Tanjore | 82 | 25·2 | 57 | 19·8 | 61 | 20·2 | 77 | 25·5 | 63 | 23·2 |
| Kumbakonam | 61 | 21·3 | 46 | 16·6 | 43 | 14·5 | 55 | 18·2 | 47 | 17·4 |
| Negapatam | 40 | 18·1 | 39 | 20·4 | 32 | 18·0 | 29 | 17·1 | 33 | 19·4 |
| Mayavaram | 18 | 15·3 | 25 | 22·9 | 21 | 17·5 | 19 | 16·8 | 30 | 26·9 |
| Tuticorin | 18 | 6·9 | 31 | 12·5 | 24 | 10·7 | 37 | 14·6 | 39 | 15·0 |
| Tinnevelly | 27 | 12·0 | 32 | 29·1 | 27 | 11·4 | 22 | 10·6 | 22 | 11·0 |
| Trichinopoly | 76 | 12·8 | 61 | 10·5 | 76 | 13·4 | 88 | 15·0 | 66 | 11·3 |
| Vizagapatam | 23 | 10·0 | 27 | 12·1 | 15 | 12·2 | 19 | 9·3 | 26 | 11·9 |
| Vizianagram | 27 | 12·0 | 20 | 9·2 | 18 | 7·8 | 17 | 8·3 | 37 | 18·0 |
| **Ajmer-Merwara.** | | | | | | | | | | |
| Ajmer | 48 | 8·0 | 56 | 9·2 | 58 | 9·1 | 47 | 8·2 | 40 | 7·1 |

## TABLE 28.—MATERNITY AND CHILD WELFARE CENTRES IN RURAL AND URBAN AREAS DURING 1944.

| | Centres maintained by | | | | | | | | Trained Visitors. | | Trained Midwives. | | Trained Dais. | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Government. | | Local and municipal bodies. | | Other agencies. | | Total. | | | | | | | |
| | Rural | Urban | Rural | Urban | Rural | Urban | Rural | Urban | Rural | Urban | Rural | Urban | Rural | Urban |
| N. W. F. P. | .. | 1 | .. | .. | 3 | 7 | 3 | 8 | .. | 8 | .. | 2 | 53 | 10 |
| Punjab | 1 | 1 | 35 | 32 | 27 | 19 | 63 | 52 | | 180 | .. | .. | 3,413 | 1,926 |
| Delhi | 4 | .. | 5 | 26 | .. | .. | 9 | 26 | 9 | 32 | 8 | 4 | 17 | 39 |
| U. P. | 17 | .. | 165‡ | 156‡ | Separate figures not available. | | 182 | 156 | 4 | 28 | 163 | 168 | 54 | 80 |
| Bihar | .. | 6* | 1 | 5 | .. | 4 | 1 | 15 | .. | 11 | 10 | 16 | 17 | 24 |
| Orissa | .. | .. | 4 | 4 | 1 | 2 | 5 | 6 | .. | 1 | 20 | 8 | 30 | 10 |
| Bengal | 1 | 1 | 7 | 20 | 7 | 18 | 15 | 39 | 16 | 15 | 30 | 76 | 2,154 | 650 |
| C. P. | .. | .. | 1 | 7 | 30 | 50 | 31 | 57 | 28 | 53 | 2 | 1 | 43 | 626 |
| Bombay | 2 | 2 | 27 | 37 | 12 | 76 | 41 | 115 | 4 | 23 | 37 | 177 | 47 | 52 |
| Sind | .. | .. | 41 | 20 | 4 | 8 | 45 | 28 | 7 | 8 | 10 | 19 | 37 | 21 |
| Madras | 7 | .. | 137 | 122 | 11 | 22 | 155 | 144 | 9 | 61 | 154 | 445 | .. | .. |
| Coorg | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 33 | — |
| Assam | .. | .. | 1 | 3 | 2 | 8 | 3 | 11 | .. | 4 | 13 | 18 | 11 | 7 |
| Ajmer Merwara | .. | .. | .. | 1 | .. | 7 | .. | 8 | .. | 1 | .. | 12 | .. | 9 |
| British India | 32 | 11 | 424 | 433 | 97 | 221 | 553 | 665 | 77† | 245† | 447 | 946 | 5303 | 3,454 |

‡Including other agencies (Red Cross). †Excluding Punjab.

*Midwifery circle.



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# SECTION IV

## Table 29.—Expenditure on Public Health by Central and Provincial Governments.

| | Total. | Public Health establishment. | Grants for public Health purposes. | Expenses in connection with epidemic diseases. | Bacteriological laboratories. | Pasteur Institutes. | Works. | Special Development Programme. |
|---|---|---|---|---|---|---|---|---|
| | Rs. | Rs. | Rs. | Rs. | Rs. | Rs. | Rs. | Rs. |
| **N. W. F. P.** | | | | | | | | |
| 1940-41 | 161,609 | 121,280 | 19,001 | 16,444 | .. | .. | .. | .. |
| 1941-42 | 152,090 | 79,706 | 43,918 | 27,787 | .. | .. | .. | .. |
| 1942-43 | 145,102 | 84,836 | 46,214 | 14,052 | .. | .. | .. | .. |
| 1943-44 | 173,454 | 96,845 | 59,092 | 17,517 | .. | .. | .. | .. |
| 1944-45 | 155,371 | 100,168 | 46,179 | 9,020 | .. | .. | .. | .. |
| **Punjab.** | | | | | | | | |
| 1940-41 | 2,305,295 | 899,335 | 1,036,473 | 114,543 | 16,241 | .. | 6,300 | 209,986 |
| 1941-42 | 2,575,007 | 874,844 | 1,237,432 | 192,583 | 12,853 | .. | 1,032 | 244,707 |
| 1942-43 | 2,292,352 | 842,178 | 1,074,765 | 225,103 | 13,709 | .. | 246 | 130,000 |
| 1943-44 | 2,051,370 | 930,379 | 961,580 | 138,518 | 13,578 | .. | 807 | .. |
| 1944-45 | 3,182,000 | 1,132,119 | 1,474,239 | 645,642 | 15,110 | .. | 5,763 | .. |
| **U. P.** | | | | | | | | |
| 1940-41 | 2,360,700 | 1,559,709 | 378,293 | 365,794 | .. | .. | 51,613 | .. |
| 1941-42 | 3,083,528 | 1,669,060 | 759,746 | 554,879 | .. | .. | 4,500 | .. |
| 1942-43 | 2,567,937 | 1,729,019 | 428,640 | 371,239 | .. | .. | 36,654 | .. |
| 1943-44 | 2,821,038 | 1,864,412 | 394,999 | 293,139 | .. | .. | 148,412 | .. |
| 1944-45 | 4,058,459 | 2,331,737 | 560,372 | 1,077,526 | .. | .. | —26,943* | .. |
| **Bihar.** | | | | | | | | |
| 1940-41 | 1,555,667 | 394,947 | 465,722 | 410,010 | 29,659 | 18,316 | 228,051 | .. |
| 1941-42 | 1,433,289 | 396,879 | 373,301 | 411,631 | 31,759 | 17,868 | 193,970 | .. |
| 1942-43 | 1,400,196 | 386,420 | 333,074 | 381,474 | 30,646 | 17,682 | 245,527 | .. |
| 1943-44 | 1,631,419 | 412,532 | 332,446 | 458,469 | 35,204 | 19,269 | 368,965 | .. |
| 1944-45 | 3,494,580 | 489,473 | 568,731 | 2,047,876 | 35,778 | 27,695 | 320,479 | .. |

* The minus figure is due to credits received for issue to other works of materials purchased but not paid for during the year.

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Orissa.** | | | | | | | | |
| 1940-41 | **234,281** | 68,945 | 78,704 | 35,098 | 15,391 | 1,911 | 34,232 | .. |
| 1941-42 | **250,408** | 73,126 | 57,943 | 51,263 | 20,454 | 1,890 | 45,732 | .. |
| 1942-43 | **248,154** | 75,123 | 54,499 | 48,179 | 19,217 | 1,500 | 49,636 | .. |
| 1943-44 | **305,487** | 86,714 | 65,588 | 73,811 | 21,284 | 1,828 | 56,262 | .. |
| 1944-45 | **392,077** | 106,289 | 94,705 | 80,697 | 22,883 | 1,857 | 85,646 | .. |
| **Bengal.** | | | | | | | | |
| 1940-41 | **3,975,645** | 653,352 | 2,409,328 | 761,346 | 86,516 | 44,994 | 1,101 | .. |
| 1941-42 | **3,929,486** | 650,985 | 2,342,591 | 726,496 | 90,996 | 39,225 | 60,514 | .. |
| 1942-43 | **3,595,021** | 614,584 | 2,002,493 | 942,122 | 112,880 | 48,879 | 135,754 | .. |
| 1943-44 | **6,025,472** | 626,616 | 2,661,992 | 2,706,933 | 124,476 | 45,070 | —146,765* | .. |
| 1944-45 | **10,929,958** | 735,977 | 2,916,416 | 7,146,172 | 179,101 | 51,470 | —111,267* | .. |
| **C. P.** | | | | | | | | |
| 1940-41 | **574,078** | 93,776 | 115,277 | 360,342 | 2,680 | .. | .. | .. |
| 1941-42 | **564,689** | 83,424 | 74,708 | 401,192 | 2,689 | .. | .. | .. |
| 1942-43 | **653,253** | 80,574 | 71,877 | 475,873 | 2,683 | .. | 22,246 | .. |
| 1943-44 | **468,837** | 92,995 | 61,788 | 310,543 | 3,311 | .. | 200 | .. |
| 1944-45 | **887,727** | 104,022 | 94,671 | 630,712 | 4,252 | .. | 4,070 | .. |
| **Bombay.** | | | | | | | | |
| 1940-41 | **2,812,515** | 705,693 | 111,701 | 342,943 | 395,958 | 8,133 | 920,367 | 313,450 |
| 1941-42 | **3,462,053** | 741,079 | 121,153 | 333,474 | 448,696 | 8,423 | 1,071,277 | 729,276 |
| 1942-43 | **4,236,803** | 704,534 | 165,447 | 363,539 | 501,361 | 9,989 | 1,243,723 | 1,235,019 |
| 1943-44 | **3,600,829** | 676,241 | 189,423 | 464,222 | .. | .. | 1,344,312 | 920,317 |
| 1944-45 | **4,563,755** | 881,708 | 242,533 | 749,764 | .. | .. | 1,792,250 | 887,548 |

*The minus figure is due to credits received for issue to other works of materials purchased but not paid for during the year.

TABLE 29.—EXPENDITURE ON PUBLIC HEALTH BY CENTRAL AND PROVINCIAL GOVERNMENTS—*contd.*

| | Total. | Public Health establishment. | Grants for Public Health purposes. | Expenses in connection with epidemic diseases. | Bacteriological laboratories. | Pasteur Institutes. | Works. | Special Development Programme. |
|---|---|---|---|---|---|---|---|---|
| | Rs. | Rs. | Rs. | Rs. | Rs. | Rs. | Rs. | Rs. |
| **SIND.** | | | | | | | | |
| 1940-41 | 294,967 | 112,874 | 95,964 | 54,246 | 26,317 | 3,855 | .. | .. |
| 1941-42 | 302,286 | 114,349 | 95,343 | 63,504 | 25,101 | 3,718 | .. | .. |
| 1942-43 | 2,969,742 | 122,528 | 2,721,286 | 94,818 | 28,197 | 2,881 | .. | .. |
| 1943-44 | 598,923 | 132,436 | 252,825 | 183,454 | 25,801 | 4,343 | .. | .. |
| 1944-45 | 705,107 | 167,401 | 157,528 | 342,559 | 33,435 | 4,184 | .. | .. |
| **MADRAS.** | | | | | | | | |
| 1940-41 | 3,563,226 | 1,253,415 | 616,579 | 226,142 | 459,485 | .. | 98 | .. |
| 1941-42 | 3,324,213 | 1,250,302 | 340,854 | 216,747 | 495,484 | .. | 33 | .. |
| 1942-43 | 3,474,443 | 1,363,246 | 228,410 | 289,150 | 589,891 | .. | 2,772 | .. |
| 1943-44 | 2,869,084 | 1,504,948 | 189,224 | 494,459 | 678,538 | .. | —1* | .. |
| 1944-45 | 4,194,338 | 1,606,352 | 288,852 | 578,004 | 697,752 | .. | .. | .. |
| **COORG.** | | | | | | | | |
| 1940-41 | 27,349 | 11,074 | .. | 13,364 | .. | .. | 2,911 | .. |
| 1941-42 | 54,972 | 11,289 | 29,440 | 10,503 | .. | .. | 3,740 | .. |
| 1942-43 | 25,397 | 12,489 | .. | 10,156 | .. | .. | 2,752 | .. |
| 1943-44 | 30,088 | 13,216 | 7,000 | 8,569 | .. | .. | 1,303 | .. |
| 1944-45 | 62,213 | 13,992 | .. | 44,332 | .. | .. | 3,889 | .. |
| **ASSAM.** | | | | | | | | |
| 1940-41 | 900,732 | 366,790 | 89,591 | 287,420 | 12,829 | 119,700 | 21,053 | .. |
| 1941-42 | 926,837 | 367,093 | 56,562 | 306,438 | 13,201 | 161,208 | 22,127 | .. |
| 1942-43 | 974,738 | 379,307 | 29,795 | 276,976 | 10,762 | 255,706 | 20,538 | .. |
| 1943-44 | 1,265,887 | 447,533 | 13,707 | 611,207 | 12,733 | 162,742 | 17,169 | .. |
| 1944-45 | 1,815,144 | 542,186 | 12,524 | 1,039,937 | 15,356 | 179,802 | 23,512 | .. |

*The minus figure is due to credits received for issue to other works of materials purchased but not paid for during the year.

*Central Government.*

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1940-41 | 3,117,329 | 454,681 | 492,741 | 1,822,041 | 277,628 | 5,426 | 5,813 | .. |
| 1941-42 | 1,660,656 | 489,069 | 453,969 | 342,441 | 298,260 | 5,846 | 19,295 | .. |
| 1942-43 | 1,816,832 | 646,366 | 356,037 | 357,232 | 381,118 | 4,336 | 24,952 | .. |
| 1943-44 | 2,082,883 | 686,570 | 366,060 | 419,350 | 490,099 | 2,492 | 27,865 | .. |
| 1944-45 | 2,813,990 | 810,330 | 819,044 | 524,447 | 606,399 | 2,639 | 7,426 | .. |
| **Total** | | | | | | | | |
| 1940-41 | 21,883,393 | 6,696,871 | 5,909,374 | 4,809,733 | 1,322,704 | 202,335 | 1,271,539 | 523,436 |
| 1941-42 | 21,719,514 | 6,801,205 | 5,986,960 | 3,638,938 | 1,439,493 | 238,178 | 1,422,220 | 973,983 |
| 1942-43 | 24,399,970 | 7,041,206 | 7,512,537 | 3,849,913 | 1,690,464 | 340,973 | 1,785,500 | 1,365,019 |
| 1943-44 | 23,874,771 | 7,571,437 | 5,555,724 | 6,180,191 | 1,405,024 | 235,744 | 1,818,529 | 920,317 |
| 1944-45 | 37,204,719 | 9,021,754 | 7,275,801 | 14,916,688 | 1,610,066 | 267,647 | 2,104,825 | 887,548 |

## Table 30—Distribution of Health Services in Rural and Urban Areas in 1944.

### Rural Areas.

| | Medical Officers of health. | | | | Epidemic Staff. | Sanitary and Health Inspectors. | Vaccinators. | | School Medical Officers. | Other Health Staff. |
|---|---|---|---|---|---|---|---|---|---|---|
| | Medical graduates holding public health qualifications. | | Medical Licentiates holding public health qualifications. | | | | | | | |
| | Whole time. | Part time. | Whole time. | Part time. | | | Male. | Female. | | |
| N.-W. F. P. | .. | 1 | .. | .. | 4 | .. | 34 | .. | 1 | .. |
| Punjab | 28 | .. | 31 | .. | 98 | 60 | 433 | .. | 9 | 715 |
| Delhi | 2 | .. | .. | .. | .. | 8 | 3 | .. | 6 | 17 |
| U. P. | 58 | 1 | 53 | .. | 83‡ | 223 | 772 | .. | .. | .. |
| Bihar | 15 | .. | 11 | .. | 408 | 161 | 1,142 | .. | 12 | 156 |
| Orissa | 5 | .. | 4 | 3 | 30 | 55 | 297 | 14 | 2 | 74 |
| Bengal | 29 | .. | 11 | .. | 587 | 814 | 2,073 | 78 | .. | 861 |
| C. P. | .. | .. | .. | .. | 69 | .. | 295 | .. | * | .. |
| Bombay | 5 | .. | .. | .. | 10 | 36 | 298 | .. | .. | 12 |
| Sind | 1 | .. | .. | .. | .. | 3 | 88 | .. | .. | .. |
| Madras | 21 | 1 | 29 | 1 | 66 | 381 | 593 | 29 | 3 | 183 |
| Coorg | .. | .. | 1† | .. | .. | .. | .. | .. | .. | .. |
| Assam | .. | .. | .. | .. | 28 | .. | 566 | .. | .. | .. |
| Ajmer-Merwara | .. | .. | .. | .. | .. | 1 | 10 | .. | .. | .. |
| Total | 164 | 3 | 140 | 4 | 1,383 | 1,742 | 6,604 | 121 | 33 | 23018 |

* The work is done by the S. A. H. Os. on Epidemic duty and assistant Medical Officers in charge of the branch dispensary.

†For both rural and urban areas.

‡Including 36 temporary Medical Officers and health assistants.

## Urban Areas.

| | Medical Officers of Health. | | | | Sanitary and Health Inspectors. | Vaccinators. | | Inspectors of Vaccination | School Medical officers | Other health staff. |
|---|---|---|---|---|---|---|---|---|---|---|
| | Medical graduates holding public health qualifications. | | Medical Licentiates holding public health qualifications. | | | | | | | |
| | Wholetime. | Part-time. | Wholetime. | Part-time. | | Male. | Female. | | | |
| N.-W. F. P. | 1 | .. | 2 | 2 | 11 | 8 | 1 | 6 | .. | .. |
| Punjab | 15 | 8 | 17 | 27 | 141 | 153 | 8 | 4 | 25 | 6,156 |
| Delhi | 6 | 1 | 1 | .. | 42 | 20 | .. | 1 | 6 | 34** |
| U. P. | 22 | .. | 14 | .. | 216 | 202 | .. | 49* | 13 | .. |
| Bihar | 7 | 2 | 3 | 1 | 115 | 81 | 6 | 3 | .. | 91 |
| Orissa | 2 | .. | 1 | 1 | 18 | 10 | 2 | .. | .. | 11 |
| Bengal | 26 | 1 | 4 | .. | 105 | 155 | 38 | † | 5 | 185 |
| C. P. | 2 | .. | 2 | .. | 70 | 100 | .. | .. | .. | 3 |
| Bombay | 85 | .. | 39 | 8 | 146 | 52 | 1 | .. | 12 | 115 |
| Sind | 7 | .. | 1 | .. | 37 | 26 | 2 | 1 | .. | .. |
| Madras | 27 | .. | 55 | .. | 371 | 196 | 36 | 17 | 6 | 377 |
| Coorg† | | | | | | | | | | |
| Assam | 1 | .. | 1 | .. | 10 | 29 | .. | 2 | .. | 188 |
| Ajmer-Merwara | ... | 2 | .. | .. | 11 | 7 | .. | .. | .. | 55 |
| Total | 201 | 14 | 140 | 39 | 1,293 | 1,039 | 94 | 83 | 67 | 7,215 |

†Not available separately.

*Also supervise vaccination work in urban areas.

**Excluding various gangs staff.

‡Please see remarks under rural areas.

# SECTION V

## Table 31.—Vaccination Statistics relating to British India

| | Operations performed. | | | Percentage of success. | | Children successfully vaccinated. | | Successfully vaccinated children under one year of age as a percentage of live-births. |
|---|---|---|---|---|---|---|---|---|
| | Primary. | Revaccinations. | Total. | Primary. | Revaccinations. | Under 1 year. | 1—6 years. | |
| **N.-W. F. P.** | | | | | | | | |
| 1940-41 | 145,670 | 132,183 | 277,853 | 97 | 76 | 68,978 | 50,839 | 98 |
| 1941 | 143,659 | 140,326 | 283,985 | 99 | 79 | 64,685 | 52,584 | 102 |
| 1942 | 129,395 | 130,212 | 259,607 | 99 | 79 | 57,604 | 44,408 | 108 |
| 1943 | 131,238 | 118,146 | 249,384 | 99 | 80 | 58,964 | 43,987 | 111 |
| 1944 | 147,964 | 155,045 | 303,009 | 99 | 79 | 66,152 | 48,445 | 121 |
| **Punjab.** | | | | | | | | |
| 1940-41 | 1,070,340 | 3,107,379 | 4,177,719 | 99 | 62 | 811,235 | 144,240 | 72 |
| 1941 | 1,035,500 | 3,072,462 | 4,107,962 | 99 | 61 | 785,846 | 140,392 | 70 |
| 1942 | 994,593 | 2,518,172 | 3,512,765 | 99 | 62 | 749,402 | 135,933 | 70 |
| 1943 | 976,907 | 2,691,380 | 3,668,287 | 99 | 63 | 720,501 | 141,952 | 75 |
| 1944 | 961,208 | 3,379,547 | 4,340,755 | 99 | 44 | 703,690 | 145,714 | 64 |
| **Delhi.** | | | | | | | | |
| 1940-41 | 37,810 | 151,564 | 189,374 | 93 | 48 | 27,490 | 3,778 | 81 |
| 1941 | 33,717 | 181,472 | 215,189 | 97 | 48 | 25,706 | 3,227 | 72 |
| 1942 | 32,315 | 166,407 | 198,722 | 96 | 45 | 24,219 | 3,079 | 68 |
| 1943 | 32,263 | 227,177 | 259,440 | 97 | 52 | 23,084 | 4,843 | 68 |
| 1944 | 29,322 | 480,821 | 510,143 | 97 | 62 | 19,739 | 4,295 | 53 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **U. P.** | | | | | | | | | |
| 1940-41 | 1,609,738 | 419,783 | **2,029,521** | 97 | 45 | 1,008,396 | 439,798 | | 60 |
| 1941 | 1,611,868 | 342,293 | **1,954,161** | 97 | 45 | 1,022,845 | 458,771 | | 58 |
| 1942 | 1,577,194 | 296,455 | **1,873,649** | 97 | 40 | 1,015,611 | 413,420 | | 64 |
| 1943 | 1,466,617 | 388,051 | **1,854,668** | 97 | 52 | 892,013 | 441,364 | | 64 |
| 1944 | 1,388,335 | 956,342 | **2,344,677** | 98 | 65 | 802,966 | 438,049 | | 56 |
| **Bihar.** | | | | | | | | | |
| 1940-41 | 967,604 | 1,114,835 | **2,082,439** | 97 | 56 | 309,883 | 561,515 | | 31 |
| 1941 | 938,945 | 1,257,699 | **2,196,644** | 99 | 50 | 283,293 | 607,196 | | 27 |
| 1942 | 922,164 | 793,540 | **1,715,704** | 94 | 54 | 345,515 | 594,624 | | 39 |
| 1943 | 994,767 | 586,011 | **1,580,778** | 98 | 51 | 303,506 | 658,817 | | 40 |
| 1944 | 998,661 | 991,055 | **1,989,716** | 99 | 63 | 304,440 | 660,983 | | 39 |
| **Orissa.** | | | | | | | | | |
| 1940-41 | 234,802 | 512,375 | **747,177** | 98 | 55 | 68,818 | 117,732 | | 27 |
| 1941 | 239,399 | 708,238 | **947,637** | 97 | 51 | 61,902 | 123,399 | | 26 |
| 1942 | 232,406 | 694,674 | **927,080** | 96 | 55 | 46,114 | 120,222 | | 19 |
| 1943 | 238,609 | 805,712 | **1,044,321** | 96 | 56 | 48,164 | 114,956 | | 20 |
| 1944 | 233,276 | 848,734 | **1,082,010** | 93 | 52 | 40,261 | 113,649 | | 21 |
| **Bengal.** | | | | | | | | | |
| 1940-41 | 3,025,791 | 5,459,459 | **8,485,250** | 96 | 40 | 458,201 | 1,599,252 | | 27 |
| 1941 | 2,944,669 | 5,424,773 | **8,369,442** | 96 | 44 | 464,611 | 1,557,855 | | 29 |
| 1942 | 2,435,628 | 3,579,849 | **6,015,477** | 95 | 44 | 390,062 | 1,276,124 | | 27 |
| 1943 | 2,249,479 | 4,159,911 | **6,409,390** | 95 | 43 | 356,900 | 1,172,467 | | 31 |
| 1944 | 5,271,991 | 30,881,351 | **36,153,342** | 94 | 47 | 527,808 | 1,946,488 | | 55 |
| **C. P.** | | | | | | | | | |
| 1940-41 | 509,710 | 275,123 | **784,833** | 93 | 58 | 349,713 | 92,261 | | 56 |
| 1941 | 517,862 | 206,191 | **724,053** | 96 | 62 | 390,700 | 86,912 | | 55 |
| 1942 | 503,116 | 186,289 | **689,405** | 99 | 61 | 358,646 | 91,154 | | 54 |
| 1943 | 498,760 | 203,318 | **702,078** | 96 | 69 | 339,407 | 104,953 | | 54 |
| 1944 | 504,768 | 468,549 | **973,317** | 97 | 65 | 344,684 | 107,319 | | 53 |

## TABLE 31—VACCINATION STATISTICS RELATING TO BRITISH INDIA—*contd.*

| | Operations performed. | | | Percentage of success. | | Children successfully vaccinated. | | Successfully vaccinated children under one year of age as a percentage of live-births. |
|---|---|---|---|---|---|---|---|---|
| | Primary. | Revaccinations. | Total. | Primary. | Revaccinations. | Under 1 year. | 1—6 years. | |
| **BOMBAY.** | | | | | | | | |
| 1940-41 . . . | 662,382 | 849,387 | 1,511,769 | 100 | 41 | 459,131 | 136,972 | 61 |
| 1941 . . . | 648,001 | 720,613 | 1,368,614 | 100 | 44 | 451,072 | 132,435 | 59 |
| 1942 . . . | 645,404 | 584,737 | 1,230,141 | 99 | 39 | 445,420 | 134,061 | 62 |
| 1943 . . . | 657,934 | 941,513 | 1,599,447 | 99 | 24 | 444,653 | 135,312 | 62 |
| 1944 . . . | 670,721 | 1,308,327 | 1,979,048 | 99 | 46 | 449,021 | 132,987 | 61 |
| **SIND.** | | | | | | | | |
| 1940-41 . . . | 145,505 | 63,680 | 209,185 | 100 | 25 | 71,753 | 57,499 | 88 |
| 1941 . . . | 149,609 | 47,418 | 197,027 | 100 | 24 | 70,670 | 63,084 | 96 |
| 1942 . . . | 135,070 | 66,395 | 201,465 | 100 | 23 | 59,647 | 57,011 | 77 |
| 1943 . . . | 150,914 | 137,231 | 288,145 | 100 | 19 | 68,133 | 63,931 | 99 |
| 1944 . . . | 143,534 | 162,313 | 305,847 | 94 | 5 | 64,281 | 6,533 | 89 |
| **MADRAS.** | | | | | | | | |
| 1940-41 . . . | 1,502,042 | 3,464,968 | 4,967,010 | 96 | 19 | 656,361 | 540,936 | 39 |
| 1941 . . . | 1,537,010 | 3,269,163 | 4,806,173 | 97 | 19 | 703,563 | 553,296 | 41 |
| 1942 . . . | 1,324,257 | 3,074,242 | 4,398,499 | 98 | 21 | 552,645 | 415,100 | 33 |
| 1943 . . . | 1,172,235 | 3,452,130 | 4,624,365 | 98 | 22 | 456,673 | 435,852 | 29 |
| 1944 . . . | 1,518,537 | 6,510,363 | 8,028,900 | 94 | 18 | 521,596 | 534,369 | 35 |

Coorg.

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1940-41 | 3,465 | 11,110 | 14,575 | 98 | 63 | 537 | 1,841 | 14 |
| 1941 | 3,188 | 7,205 | 10,393 | 96 | 47 | 686 | 1,596 | 18 |
| 1942 | 4,790 | 12,856 | 17,646 | 98 | 66 | 751 | 2,563 | 23 |
| 1943 | 4,628 | 10,983 | 15,561 | 99 | 70 | 1,049 | 2,590 | 33 |
| 1944 | 7,433 | 17,994 | 25,427 | 87 | 66 | 1,324 | 3,646 | 43 |

Assam.

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1940-41 | 488,717 | 365,329 | 834,046 | 96 | 56 | 90,820 | 289,210 | 37 |
| 1941 | 455,174 | 324,190 | 779,364 | 96 | 58 | 92,280 | 251,838 | 36 |
| 1942 | 456,126 | 355,536 | 811,662 | 92 | 60 | 87,491 | 231,240 | 42 |
| 1943 | 426,093 | 1,026,743 | 1,452,776 | 87 | 47 | 80,971 | 226,489 | 48 |
| 1944 | 532,098 | 1,375,773 | 1,907,871 | 94 | 71 | 86,798 | 289,806 | 52 |

Ajmer Merwara.

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1940-41 | 18,038 | 9,908 | 27,946 | 99 | 95 | 13,598 | 2,514 | 83 |
| 1941 | 17,626 | 3,488 | 21,114 | 99 | 90 | 14,575 | 2,287 | 83 |
| 1942 | 18,936 | 7,791 | 26,727 | 93 | 92 | 14,710 | 2,199 | 73 |
| 1943 | 19,331 | 25,772 | 45,103 | 99 | 80 | 13,676 | 3,083 | 91 |
| 1944 | 21,892 | 24,702 | 46,594 | 99 | 90 | 13,759 | 4,546 | 79 |

British India.

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1940-41 | 10,401,614 | 15,937,083 | 26,338,697 | 97 | 43 | 4,394,914 | 4,038,387 | 47 |
| 1941 | 10,276,227 | 15,705,531 | 25,981,758 | 97 | 43 | 4,432,434 | 4,034,872 | 47 |
| 1942 | 9,411,394 | 12,467,155 | 21,878,549 | 96 | 44 | 4,147,837 | 3,521,138 | 48 |
| 1943 | 9,019,715 | 14,774,028 | 23,793,743 | 96 | 44 | 3,807,694 | 3,550,596 | 49 |
| 1944 | 12,429,740 | 47,560,916 | 59,990,656 | 96 | 45 | 3,943,519 | 4,436,829 | 51 |

TABLE 32.—NUMBER OF TOWNS AND RURAL CIRCLES IN THE DIFFERENT PROVINCES IN WHICH COMPULSORY PRIMARY VACCINATION WAS IN FORCE DURING 1944

| | Towns. | | | Rural Circles. | | |
|---|---|---|---|---|---|---|
| | Total Number. | Number in which vaccination Act was in force. | Number to which the Act had not been extended. | Total Number. | Number in which vaccination Act was in force. | Number to which the Act had not been extended. |
| N.-W. F. P. | 19 | 11 | 8 | 6 | .. | 6 |
| Punjab | 251 | 250 | 1 | 29 | 29 | .. |
| Delhi | 9 | 9 | .. | 5 | 5 | .. |
| U. P. | 442 | 266 | 176 | 753 | .. | 753 |
| Bihar | 88 | 88 | .. | 16 | 15 | 1 |
| Orissa | 17 | 15 | 2 | 9 | 5 | 4 |
| Bengal | 144 | 144 | .. | 594 | 594 | .. |
| C.P. | 119 | 105 | 14 | 405 | 278 | 127 |
| Bombay | 180 | 109 | 71 | 20 | ‡ | 20 |
| Sind | 25 | 24 | 1 | 61 | .. | 61 |
| Madras | 388 | 388 | .. | 24 | 24 | .. |
| Coorg | 5 | 5 | .. | 2 | .. | 2 |
| Assam | 46* | 27† | 19 | 139 | .. | 139 |
| Ajmer Merwara | 5 | 5 | .. | 10 | .. | 10 |

*Including the municipal towns of the Hill Districts and Manipur State, one Development Board and 12 village authorities.

† 27 towns, one Development Board and 12 village authorities.

‡ In 26 villages only.

TABLE 33—NUMBER OF TOWNS AND RURAL CIRCLES IN THE DIFFERENT PROVINCES IN WHICH COMPULSORY REVACCINATION WAS IN FORCE DURING 1944

| | Towns. | | | Rural Circles. | | |
|---|---|---|---|---|---|---|
| | Total Number. | Number in which revaccination was in force. | Number in which it was not in force. | Total Number. | Number in which revaccination was in force. | Number in which it was not in force. |
| N.-W. F. P. | 19 | .. | 19 | 6 | .. | 6 |
| Punjab | 251 | .. | 251 | 29 | .. | 29 |
| Delhi | 9 | .. | 9 | 5 | .. | 5 |
| U. P. | 442 | .. | 442 | 753 | .. | 753 |
| Bihar | 88 | .. | 88 | 16 | .. | 16 |
| Orissa | 17 | 8 | 9 | 9 | 2 | 7 |
| Bengal | 144 | .. | 144 | 594 | .. | 594 |
| C.P. | 119 | .. | 119 | 405 | .. | 405 |
| Bombay | 180 | .. | 180 | 20 | .. | 20 |
| Sind | 25 | 24 | 1 | 61 | .. | 61 |
| Madras | 388 | 388 | .. | 24 | 24 | .. |
| Coorg | 5 | .. | 5 | 2 | .. | 2 |
| Assam | 46 | .. | 46 | 139 | * | 139 |
| Ajmer-Merwara | 10 | .. | 10 | 10 | .. | 10 |

*Only in 16 villages in Mikri Hills under Mikri Hills Vaccination Regulations 1943.

## TABLE 34.—VACCINATION STATISTICS RELATING TO SOME INDIAN STATES

| State | Population (1941 census). | Total number of vaccinations performed. | | | Percentage of successful vaccinations to total vaccinations performed. | | Children successfully vaccinated. | |
|---|---|---|---|---|---|---|---|---|
| | | Primary. | Revaccinations. | Total. | Primary. | Revaccinations. | under 1 year. | 1—6 years. |
| **Hyderabad** | | | | | | | | |
| 1940-41 | 16,338,534 | 469,459 | 56,868 | 526,327 | 96 | 65 | 99,909 | 219,143 |
| 1941 | 16,338,534 | 569,594 | 115,297 | 684,891 | 97 | 61 | 144,956 | 243,686 |
| 1942 | 16,338,534 | 514,060 | 127,168 | 641,228 | 96 | 59 | 146,165 | 237,286 |
| 1943 | 16,338,534 | 511,771 | 160,011 | 671,782 | 94 | 48 | 145,160 | 213,403 |
| 1944 | 16,338,534 | 412,970 | 162,857 | 575,727 | 96 | 60 | 119,433 | 159,992 |
| **Mysore** | | | | | | | | |
| 1940-41 | 7,170,714 | 202,439 | 301,149 | 503,588 | 94 | 38 | 62,212 | 92,765 |
| 1941 | 7,170,714 | 197,423 | 118,175 | 315,598 | 90 | 35 | 63,924 | 89,848 |
| 1942 | 7,170,714 | 200,500 | 214,435 | 414,935 | 94 | 37 | 68,224 | 91,024 |
| 1943 | 7,170,714 | 174,881 | 283,855 | 458,736 | 95 | 49 | 54,620 | 80,541 |
| 1944 | 7,170,714 | 153,531 | 162,839 | 316,370 | 94 | 35 | 45,666 | 71,769 |
| **Rajputana States** | | | | | | | | |
| **Jaipur** | | | | | | | | |
| 1940-41 | 3,040,876 | 84,071 | 2,151 | 86,222 | 95 | 59 | 64,722 | 5,060 |
| 1941 | 3,040,876 | 81,126 | 2,044 | 83,170 | 91 | 42 | 59,467 | 4,867 |
| 1942 | 3,040,876 | 88,163 | 914 | 89,077 | 91 | 65 | 68,051 | 4,420 |
| 1943 | 3,040,876 | 90,721 | 9,672 | 100,393 | 90 | 40 | 64,501 | 5,832 |
| 1944 | 3,040,876 | 81,851 | 5,772 | 87,623 | 93 | 49 | 55,759 | 7,671 |

## TABLE 34.—VACCINATION STATISTICS RELATING TO SOME INDIAN STATES—*contd.*

| STATE | Population (1941 census). | Total number of vaccinations performed. | | | Percentage of successful vaccinations to total vaccinations performed. | | Children successfully vaccinated. | |
|---|---|---|---|---|---|---|---|---|
| | | Primary. | Revaccinations. | Total. | Primary. | Revaccinations. | Under 1 year. | 1—6 years. |
| **Mewar** | | | | | | | | |
| 1940-41 | 1,926,698 | 48,830 | 6,560 | 55,390 | 100 | 100 | 27,403 | 18,184 |
| 1941 | 1,926,698 | 52,351 | 1,480 | 53,831 | 97 | 100 | 28,518 | 21,237 |
| 1942 | 1,926,698 | 46,460 | 984 | 47,444 | 98 | 100 | 26,825 | 17,919 |
| 1943 | 1,926,698 | 45,029 | 5,922 | 50,951 | 88 | 100 | 26,189 | 17,045 |
| 1944 | 1,926,698 | 51,788 | 16,382 | 68,170 | 100 | 100 | 26,767 | 21,560 |
| **Bikaner** | | | | | | | | |
| 1941 | 1,292,938 | 31,396 | 9,120 | 40,516 | 79 | 53 | 24,697 | 7,356 |
| 1942 | 1,292,938 | 24,350 | 7,309 | 31,659 | 83 | 59 | 18,319 | 5,213 |
| 1943 | 1,292,938 | 19,472 | 14,463 | 33,935 | 63 | 75 | 12,131 | 7,341 |
| 1944* | | | | | | | | |
| **Alwar** | | | | | | | | |
| 1940-41 | 823,055 | 20,174 | 290 | 20,464 | 76 | 66 | 14,234 | 1,293 |
| 1941 | 823,055 | 14,716 | 408 | 15,124 | 97 | 100 | 13,541 | 1,175 |
| 1942 | 823,055 | 13,644 | 130 | 13,774 | 99 | 100 | 12,747 | 897 |
| 1943 | 823,055 | 14,963 | 1,399 | 16,362 | 90 | 100 | 11,389 | 1,574 |
| 1944 | 823,055 | 21,977 | 1,329 | 23,306 | 99 | 100 | 11,275 | 2,088 |
| **Kotah** | | | | | | | | |
| 1940-41 | 777,398 | 22,473 | * | 22,473 | 100 | * | 21,953 | 520 |
| 1941 | 777,398 | 21,506 | * | 21,506 | 100 | * | 21,270 | 236 |
| 1942 | 777,398 | 21,693 | * | 21,693 | 100 | * | 20,893 | 800 |
| 1943 | 777,398 | 20,029 | * | 20,029 | 100 | * | 19,443 | 586 |
| 1944 | 777,398 | 18,477 | * | 18,477 | 100 | * | 17,797 | 582 |

*Not available.

**Bharatpur**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1940-41 | 575,625 | 16,696 | 604 | 17,300 | 100 | 58 | 11,878 | 4,266 |
| 1941 | 575,625 | 19,227 | 377 | 19,604 | 69 | 100 | 12,046 | 5,143 |
| 1942 | 575,625 | 11,379 | 402 | 11,781 | 97 | 56 | 7,246 | 3,730 |
| 1943 | 575,625 | 14,693 | 795 | 15,488 | 97 | 45 | 7,823 | 4,363 |
| 1944 | 575,625 | 13,289 | 618 | 13,907 | 94 | 67 | 7,168 | 4,082 |

**Dholpur**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1940-41 | 286,901 | 9,096 | .. | 9,096 | 100 | | 7,159 | 1,911 |
| 1941 | 286,901 | 2,216 | .. | 2,216 | 94 | .. | 884 | 1,174 |
| 1942 | 286,901 | 6,758 | .. | 6,758 | 100 | .. | 5,358 | 1,342 |
| 1943 | 286,901 | 6,011 | .. | 6,011 | 100 | .. | 4,577 | 1,400 |
| 1944 | 286,901 | 7,637 | 84 | 7,721 | 90 | 100 | 5,838 | 1,706 |

**Dungarpur**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1940-41 | 274,282 | 4,311 | * | 4,311 | 100 | * | 1,474 | 2,301 |
| 1941 | 274,282 | 2,216 | * | 2,216 | 94 | * | 884 | 1,174 |
| 1942 | 274,282 | 2,167 | * | 2,167 | 100 | * | 636 | 1,193 |
| 1943 | 274,282 | 2,762 | * | 2,762 | 92 | * | 734 | 1,837 |
| 1944 | 274,282 | 3,881 | * | 3,881 | 100 | * | 786 | 2,572 |

**Banswara**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1940-41 | 258,760 | 3,686 | .. | 3,686 | 100 | .. | 1,470 | 2,056 |
| 1941 | 258,760 | 4,824 | .. | 4,824 | 100 | .. | 1,824 | 2,886 |
| 1942 | 258,860 | 5,008 | .. | 5,008 | 100 | .. | 2,803 | 1,997 |
| 1943 | 258,760 | 4,434 | .. | 4,434 | 100 | .. | 2,607 | 1,538 |
| 1944* | | | | | | | | |

*Not available.

## Table 34.—Vaccination Statistics relating to some Indian States.—*contd.*

| States | Population (1941 census). | Total number of vaccinations performed. | | | Percentage of successful vaccinations to total vaccinations performed | | Children successfully vaccinated. | |
|---|---|---|---|---|---|---|---|---|
| | | Primary. | Revaccinations. | Total. | Primary. | Revaccinations. | under 1 year. | 1—6 years. |
| **Bundi** | | | | | | | | |
| 1940-41 . . | 249,374 | 5,212 | * | 5,212 | 100 | * | 3,343 | 1,687 |
| 1941 . . . | 249,374 | 5,964 | * | 5,964 | 100 | * | 3,325 | 1,981 |
| 1942 . . . | 249,374 | 5,433 | * | 5,433 | 100 | * | 3,896 | 1,002 |
| 1943 . . | 249,374 | 5,715 | * | 5,715 | 100 | * | 3,802 | 1,498 |
| 1944 . . . . | 249,374 | 5,300 | * | 5,300 | 100 | * | 3,882 | 1,118 |
| **Palanpur** | | | | | | | | |
| 1940-41 . . | 315,855 | 8,079 | 198 | 8,277 | 100 | 100 | 6,344 | 787 |
| 1941 . . . | 315,855 | 6,884 | 102 | 6,986 | 100 | 100 | 6,070 | 814 |
| 1942 . . . | 315,855 | 6,065 | 75 | 6,140 | 99 | 100 | 5,488 | 577 |
| 1943 . . . | 315,855 | 5,714 | 3 | 5,717 | 100 | 100 | 5,153 | 531 |
| 1944* . . . | | | | | | | | |
| **Punjab States** | | | | | | | | |
| **Nabha** | | | | | | | | |
| 1940 41 . . | 340,044 | 10,965 | 2,831 | 13,796 | 94 | 90 | 5,565 | 3,154 |
| 1941 . . . | 340,044 | 8,318 | 3,488 | 11,806 | 97 | 85 | 4,833 | 2,042 |
| 1942 . . . | 340,044 | 7,516 | 3,985 | 11,501 | 94 | 90 | 3,353 | 1,593 |
| 1943 . . . | 340,044 | 11,355 | 7,311 | 18,666 | 91 | 84 | 4,810 | 3,168 |
| 1944 . . . | 340,044 | 9,445 | 12,906 | 22,351 | 89 | 83 | 3,492 | 2,239 |

* Not available.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Bahawalpur.** | | | | | | | | | |
| 1940-41 | 1,341,209 | 40,269 | 8,798 | 49,067 | 99 | 93 | 21,553 | 13,782 | |
| 1941 | 1,341,209 | 23,733 | 6,002 | 29,735 | 97 | 91 | 12,721 | 7,749 | |
| 1942 | 1,341,209 | 38,222 | 7,903 | 46,125 | 98 | 91 | 22,213 | 11,425 | |
| 1943 | 1,341,209 | 46,470 | 9,626 | 56,096 | 96 | 90 | 24,507 | 12,012 | |
| 1944 | 1,341,209 | 39,844 | 8,349 | 48,193 | 97 | 92 | 23,372 | 12,624 | |
| **Patiala.** | | | | | | | | | |
| 1940-41 | 1,936,259 | 61,182 | 61,823 | 123,005 | 98 | 68 | 39,800 | 11,276 | |
| 1941 | 1,936,259 | 63,906 | 40,141 | 104,047 | 98 | 68 | 45,605 | 10,986 | |
| 1942 | 1,936,259 | 54,324 | 25,560 | 79,884 | 98 | 62 | 36,745 | 10,752 | |
| 1943 | 1,936,259 | 55,813 | 35,404 | 91,217 | 98 | 67 | 34,511 | 12,938 | |
| 1944 | 1,936,259 | 57,249 | 63,345 | 120,594 | 98 | 75 | 35,875 | 10,676 | |
| **Kapurthala** | | | | | | | | | |
| 1940-41 | 378,380 | 10,289 | 10,375 | 20,664 | * | * | 5,702 | 3,079 | |
| 1941 | 378,380 | 9,358 | 7,958 | 17,316 | 91 | 40 | 5,454 | 1,846 | |
| 1942 | 378,380 | 8,333 | 5,850 | 14,183 | 89 | 32 | 5,103 | 1,347 | |
| 1943 | 378,380 | 9,017 | 7,192 | 16,209 | 84 | 37 | 5,514 | 1,227 | |
| 1944 | 378,380 | 13,550 | 16,300 | 29,850 | 81 | 36 | 6,590 | 2,649 | |
| **Jind.** | | | | | | | | | |
| 1940-41 | 361,812 | 13,015 | 3,301 | 16,316 | 97 | 61 | 7,243 | 1,408 | |
| 1941 | 361,812 | 13,935 | 4,772 | 18,707 | 96 | 78 | 9,317 | 883 | |
| 1942 | 361,812 | 10,868 | 7,827 | 18,695 | 98 | 77 | 7,906 | 817 | |
| 1943 | 361,812 | 13,312 | 10,087 | 23,399 | 99 | 62 | 8,785 | 3,862 | |
| 1944 | 361,812 | 12,099 | 20,376 | 32,475 | 99 | 81 | 7,639 | 1,572 | |
| **Faridkot** | | | | | | | | | |
| 1940-41 | 199,283 | 7,510 | 1,717 | 9,227 | 97 | 45 | 4,024 | 2,925 | |
| 1941 | 199,283 | 6,650 | 1,350 | 8,000 | 99 | 56 | 4,302 | 1,948 | |
| 1942 | 199,283 | 6,081 | 2,082 | 8,163 | 99 | 55 | 4,603 | 1,195 | |
| 1943 | 199,283 | 5,878 | 1,082 | 6,960 | 100 | 56 | 4,559 | 1,068 | |
| 1944 | 199,283 | 7,671 | 5,376 | 13,047 | 99 | 72 | 5,551 | 1,833 | |

*Not available.

TABLE 31.—VACCINATION STATISTICS RELATING TO SOME INDIAN STATES—*contd.*

| STATE. | Population (1941 census). | Total number of vaccinations performed. | | | Percentage of successful vaccinations to total vaccinations performed. | | Children successfully vaccinated. | |
|---|---|---|---|---|---|---|---|---|
| | | Primary. | Revaccinations. | Total. | Primary. | Revaccinations. | Under 1 year. | 1—6 years. |
| **U. P. STATES** | | | | | | | | |
| **Tehri (Garhwal).** | | | | | | | | |
| 1940-41 . . | 400,198 | 6,294 | 361 | 6,655 | 93 | 100 | 2,818 | 2,842 |
| 1941 . . . | 400,198 | 8,054 | 320 | 8,374 | 95 | 93 | 3,738 | 3,653 |
| 1942 . . . | 400,198 | 10,431 | 24 | 10,455 | 99 | 100 | 4,275 | 5,713 |
| 1943 . . . | 400,198 | 8,099 | 541 | 8,640 | 95 | 95 | 3,204 | 4,175 |
| 1944 . . . | 400,198 | 14,172 | 1,019 | 15,191 | 95 | 62 | 3,915 | 5,906 |
| **Benares** | | | | | | | | |
| 1940-41 . . | 450,626 | 7,582 | 6,538 | 14,120 | 99 | 100 | 1,697 | 4,578 |
| 1941 . . . | 450,626 | 7,369 | 6,620 | 13,989 | 98 | 100 | 1,808 | 4,314 |
| 1942 . . . | 450,626 | 6,190 | 2,919 | 9,109 | 98 | 100 | 1,730 | 3,308 |
| 1943 . . . | 450,626 | 5,104 | 4,715 | 9,819 | 99 | 100 | 1,346 | 3,093 |
| 1944 . . . | 450,626 | 5,929 | 4,595 | 10,524 | 100 | 100 | 776 | 4,015 |
| **Rampur** | | | | | | | | |
| 1940-41 . . | 477,042 | 16,967 | 7,113 | 24,080 | 94 | 60 | 11,491 | 3,204 |
| 1941 . . . | 477,042 | 18,394 | 8,696 | 27,090 | 94 | 53 | 12,134 | 2,989 |
| 1942 . . . | 477,042 | 16,417 | 17,141 | 33,558 | 95 | 39 | 9,465 | 4,011 |
| 1943 . . . | 477,042 | 16,417 | 17,141 | 33,558 | 95 | 42 | 10,477 | 3,690 |
| 1944 . . . | 477,042 | 21,648 | 20,624 | 42,272 | 98 | 47 | 10,590 | 4,961 |

## Central India Agency

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Indore** | | | | | | | | |
| 1940 | 1,331,388 | 46,497 | 7,080 | 53,577 | 93 | 30 | 34,269 | 5,244 |
| 1941 | 1,331,388 | 47,478 | 11,171 | 58,649 | 81 | 23 | 33,666 | 6,201 |
| 1942† | 1,331,388 | 10,611 | 7,058 | 17,669 | 89 | 25 | 5,305 | 2,720 |
| 1943 | 1,331,388 | 51,350 | 12,470 | 63,820 | 85 | 37 | 35,295 | 7,726 |
| 1944 | 1,331,388 | 46,481 | 4,217 | 50,698 | 92 | 10 | 32,044 | 6,752 |
| **Rewa** | | | | | | | | |
| 1940 41 | 1,820,306 | 49,406 | 639 | 50,045 | 99 | 77 | 30,756 | 15,812 |
| 1941 | 1,820,306 | 46,227 | 649 | 46,876 | 98 | 78 | 20,682 | 24,098 |
| 1942 | 1,820,306 | 52,394 | 204 | 52,598 | 97 | 32 | 32,262 | 18,391 |
| 1943 | 1,820,306 | 48,577 | 847 | 49,424 | 98 | 72 | 31,430 | 15,220 |
| 1944 | 1,820,306 | 48,313 | 83 | 48,396 | 98 | 67 | 32,828 | 13,448 |
| **Datia** | | | | | | | | |
| 1943 | 174,072 | 1,253 | 768 | 5,021 | 95 | 89 | 3,649 | 400 |
| 1944 | 174,072 | 4,041 | 686 | 4,727 | 93 | 94 | 3,597 | 68 |
| **Charkhari** | | | | | | | | |
| 1943 | 123,594 | 3,056 | 145 | 3,201 | 88 | .. | 2,038 | 573 |
| 1944 | 123,594 | 2,420 | .. | 2,420 | 92 | .. | 1,396 | 484 |
| **Ajaigarh** | | | | | | | | |
| 1943 | 96,596 | 2,365 | * | 2,365 | 90 | * | 1,410 | 462 |
| 1944 | 96,596 | 2,164 | * | 2,164 | 89 | * | 1,279 | 430 |
| **Bijawar** | | | | | | | | |
| 1940-41 | 120,928 | 5,229 | .. | 5,229 | 86 | .. | 4,502 | .. |
| 1941 | 120,928 | 4,037 | 927 | 4,964 | 87 | 92 | 1,665 | 1,856 |
| 1942 | 120,928 | 5,315 | 636 | 5,951 | 92 | 87 | 3,212 | 1,700 |
| 1943 | 120,928 | 4,083 | .. | 4,083 | 89 | .. | 1,570 | 2,044 |
| 1944 | 120,928 | 4,140 | 227 | 4,367 | 85 | 5 | 1,382 | 2,347 |

† Within municipal limits.
* Not available.

TABLE 34.—VACCINATION STATISTICS RELATING TO SOME INDIAN STATES—*contd.*

| State | Population (1941 census). | Total number of vaccinations performed. | | | Percentage of successful vaccinations to total vaccinations performed. | | Children successfully vaccinated. | |
|---|---|---|---|---|---|---|---|---|
| | | Primary. | Revaccinations. | Total. | Primary. | Revaccinations. | under 1 year. | 1—6 years. |
| Baoni | | | | | | | | |
| 1943 | 25,256 | 246 | 69 | 315 | 86 | 6 | 167 | * |
| 1944 | 25,256 | 196 | 20 | 216 | 83 | 10 | 186 | 10 |
| Chhatarpur | | | | | | | | |
| 1943 | 184,720 | 4,153 | 549 | 4,702 | 88 | 56 | 3,023 | 645 |
| 1944 | 184,720 | 4,128 | 181 | 4,309 | 93 | 65 | 2,961 | 555 |
| Baraundha | | | | | | | | |
| 1943 | 17,306 | 444 | * | 444 | 91 | * | 322 | 122 |
| 1944 | 17,306 | 199 | * | 199 | 94 | * | 70 | 117 |
| Bhopal | | | | | | | | |
| 1943 | 785,323 | 31,557 | .. | 31,557 | 92 | .. | 16,493 | 12,486 |
| 1944 | 785,323 | 49,251 | 1,763 | 51,014 | 91 | 89 | 22,800 | 22,192 |
| Dewas Senior Branch | | | | | | | | |
| 1943 | 89,479 | 2,868 | 912 | 3,780 | 89 | 100 | 1,876 | 1,904 |
| 1944 | 89,479 | 1,908 | 12 | 1,920 | 98 | 50 | 1,134 | 738 |
| Dewas Junior | | | | | | | | |
| 1943 | 83,669 | 2,505 | 68 | 2,573 | * | * | 843 | 1,597 |
| 1944 | 83,669 | 1,727 | 12 | 1,739 | 96 | 96 | 857 | 809 |

*Not available.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Rajgarh** | | | | | | | | | |
| 1940-41 | 148,609 | 3,188 | 401 | 3,589 | 97 | 100 | 2,194 | 806 |
| 1941 | 148,609 | 3,426 | 405 | 3,831 | 100 | 100 | 2,705 | 1,126 |
| 942 | 148,609 | 3,426 | 405 | 3,831 | 100 | 100 | 2706 | 1,125 |
| 1943 | 148,609 | 2,096 | 1,200 | 3,296 | 95 | 100 | 2,096 | 1,200 |
| 1944 | 148,609 | 3,321 | 1,023 | 4,344 | 95 | 100 | 3,321 | 1,023 |
| **Narsingarh** | | | | | | | | |
| 1940-41 | 125,178 | 3,624 | 18 | 3,642 | 90 | 100 | 2,430 | 1,194 |
| 1941 | 125,178 | 3,618 | 6 | 3,624 | 92 | 100 | 2,322 | 1,017 |
| 1942 | 125,178 | 3,959 | .. | 3,959 | 90 | .. | 2,341 | 1,318 |
| 1943 | 125,178 | 3,361 | 18 | 3,379 | 94 | 61 | 2,004 | 1,163 |
| 1944 | 125,178 | 4,047 | 23 | 4,070 | 97 | .. | 2,330 | 1,598 |
| **Khilchipur** | | | | | | | | |
| 1940 | 48,642 | 736 | 15 | 751 | 98 | 100 | 491 | 230 |
| 1941 | 48,642 | 720 | 5 | 735 | 99 | 100 | 514 | 204 |
| 1942* | 48,642 | | | | | | | |
| 1943 | 48,642 | 458 | 10 | 468 | 100 | 100 | 310 | 148 |
| 1944 | 48,642 | 1203 | 256 | 1459 | 100 | 100 | 813 | 390 |
| **Dhar** | | | | | | | | |
| 1940-41 | 253,210 | 4,041 | 220 | 4,261 | 95 | 5 | 2,852 | 1,189 |
| 1941 | 253,210 | 5,693 | 260 | 5,953 | 97 | 4 | 4,720 | 973 |
| 1942 | 253,210 | 8,326 | 422 | 8,748 | 95 | 5 | 7,818 | 930 |
| 1943 | 253,210 | 5,467 | 306 | 5,773 | 95 | 5 | 4,720 | 747 |
| 1944 | 253,210 | 5,276 | 296 | 5,572 | 95 | 5 | 4,632 | 640 |
| **Jaora** | | | | | | | | |
| 1940-41 | 116,953 | 2,820 | 23 | 2,843 | 99 | 100 | 1,921 | 876 |
| 1941 | 116,953 | 2,630 | 42 | 2,672 | 98 | 100 | 1,884 | 746 |
| 1942 | 116,953 | 2,863 | 33 | 2,896 | 99 | 100 | 2,107 | 723 |
| 1943 | 116,953 | 2,727 | 2 | 2,729 | 100 | 100 | 1,906 | 819 |
| 1944 | 116,953 | 2,944 | 37 | 2,981 | 98 | 100 | 2,417 | 490 |

*Not available.

## TABLE 34.—VACCINATION STATISTICS RELATING TO SOME INDIAN STATES—*contd.*

| STATE | Population (1941 census). | Total number of vaccinations performed. | | | Percentage of successful vaccinations to total vaccinations performed. | | Children successfully vaccinated. | |
|---|---|---|---|---|---|---|---|---|
| | | Primary. | Revaccinations. | Total. | Primary. | Revaccinations. | Under 1 year. | 1—6 years. |
| Ratlam | | | | | | | | |
| 1940-41 | 126,117 | 2,611 | 171 | 2,782 | 2 | .. | 1,680 | 742 |
| 1941 | 126,117 | 2,648 | 172 | 2,820 | 94 | 90 | 1,312 | 846 |
| 1942 | 126,117 | 2,269 | 14 | 2,283 | 1 | 100 | 1,860 | 423 |
| 1943 | 126,117 | 2,124 | 5 | 2,129 | 99 | 100 | 1,888 | 441 |
| 1944 | 126,117 | 2,744 | 56 | 2,800 | * | * | 1,693 | 934 |
| Sitamau | | | | | | | | |
| 1943 | 33,461 | 440 | 86 | 526 | 89 | 81 | 364 | 76 |
| 1944 | 33,461 | 422 | 205 | 627 | 98 | 97 | 302 | 98 |
| Sailana | | | | | | | | |
| 1943 | 40,228 | 673 | .. | 673 | 100 | .. | 450 | 223 |
| 1944 | 40,228 | 625 | .. | 625 | 100 | .. | 386 | 239 |
| Jhabua | | | | | | | | |
| 1943 | 178,327 | 4,810 | .. | 4,810 | 99 | .. | 1,933 | 1,949 |
| 1944 | 178,327 | 4,672 | .. | 4,672 | 82 | .. | 1,939 | 1,812 |
| Barwani | | | | | | | | |
| 1943 | 176,666 | 6,147 | .. | 6,147 | 94 | .. | 4,217 | 1,542 |
| 1944 | 176,666 | 5,985 | .. | 5,985 | 97 | .. | 4,285 | 1,504 |
| Alirajpur | | | | | | | | |
| 1943 | 112,754 | 1,645 | 12 | 1,657 | 79 | 58 | 110 | 1,140 |
| 1944 | 112,754 | 1,661 | .. | 1,661 | 58 | .. | 101 | 830 |

*Not available.

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Jammu & Kashmir** | | | | | | | | |
| 1941 | 4,021,616 | 108,434 | 61,365 | 169,799 | 95 | 76 | 63,103 | 35,609 |
| 1942* | | | | | | | | |
| 1943 | 4,021,616 | 100,904 | 51,116 | 152,020 | 95 | 66 | 70,366 | 38,995 |
| 1944 | 4,021,616 | 122,832 | 85,556 | 208,388 | 91 | 84 | 66,019 | 41,313 |
| **Kolhapur & Deccan States** | | | | | | | | |
| Kolhapur | | | | | | | | |
| 1940-41 | 1,092,046 | 33,009 | 60,707 | 93,716 | 100 | 100 | 28,819 | 2,737 |
| 1941 | 1,092,046 | 32,809 | 37,349 | 70,158 | 100 | 99 | 27,002 | 54 |
| 1942 | 1,092,046 | 32,525 | 10,016 | 42,541 | 100 | 94 | 26,941 | 2,223 |
| 1943 | 1,092,046 | 31,232 | 14,868 | 46,100 | 100 | 91 | 26,085 | 1,937 |
| 1944 | 1,092,046 | 33,830 | 21,370 | 55,200 | 100 | 90 | 26,156 | 3,796 |
| Akalkot | | | | | | | | |
| 1943 | 103,903 | 3,560 | 5,310 | 8,870 | 100 | 77 | 1,767 | 1,534 |
| 1944 | 103,903 | 2,729 | 697 | 3,426 | 100 | 75 | 1,859 | 785 |
| Aundh | | | | | | | | |
| 1942 | 88,762 | 2,857 | 957 | 3,814 | 99 | 13 | 1,670 | 945 |
| 1943 | 88,762 | 2,015 | 2,804 | 4,819 | 94 | 11 | 1,444 | 617 |
| 1944 | 88,762 | 2,207 | 10,501 | 12,708 | 100 | 19 | 1,125 | 868 |
| Bhor | | | | | | | | |
| 1940-41 | 155,961 | 4,192 | 3,829 | 8,021 | 100 | 35 | 2,727 | 1,308 |
| 1941 | 155,961 | 4,674 | 723 | 5,097 | 100 | 62 | 2,939 | 1,360 |
| 1942 | 155,961 | 4,405 | 4,961 | 9,366 | 100 | 22 | 2,907 | 1,394 |
| 1943 | 155,961 | 3,999 | 4,957 | 8,956 | 100 | 38 | 2,631 | 1,294 |
| 1944 | 155,961 | 4,323 | 2,119 | 6,442 | 100 | 45 | 2,996 | 1,224 |
| Kurundwad Senior | | | | | | | | |
| 1941 | 52,552 | 2,003 | 7,014 | 9,017 | 98 | 85 | 1,368 | 537 |
| 1942 | 52,552 | 1,908 | 4,656 | 6,564 | 98 | 33 | 1,370 | 454 |
| 1943 | 52,552 | 1,891 | 3,577 | 5,468 | 98 | 16 | 1,478 | 413 |
| 1944 | 52,552 | 1,600 | 1,321 | 2,921 | 98 | 3 | 1,352 | 214 |

*Not available.

TABLE 34.—VACCINATION STATISTICS RELATING TO SOME INDIAN STATES—*contd.*

| STATE | Population (1941 census). | Total number of vaccinations performed. | | | Percentage of successful vaccinations to total vaccinations performed. | | Children successfully vaccinated. | |
|---|---|---|---|---|---|---|---|---|
| | | Primary. | Revaccinations. | Total. | Primary. | Revaccinations. | under 1 year. | 1—6 years. |
| Kurundwad (Junior) | | | | | | | | |
| 1940 . . . | 46,609 | 1,279 | 2,231 | 3,510 | 100 | 44 | 984 | 287 |
| 1941 . . . | 46,609 | 1,661 | 3,430 | 5,091 | 99 | 41 | 1,063 | 552 |
| 1942 . . . | 46,609 | 1,952 | 373 | 2,327 | 100 | 35 | 1,429 | 502 |
| 1943 . . . | 46,609 | 1,480 | 786 | 2,266 | 99 | 50 | 1,142 | 302 |
| 1944 . . . | 46,609 | 1,402 | 1,639 | 3,041 | 100 | 46 | 1,045 | 342 |
| Jaujira | | | | | | | | |
| 1943 . . . | 103,615 | 2,595 | 857 | 3,452 | 99 | 57 | 1,344 | 1,133 |
| 1944 . . . | 103,615 | 3,674 | 2,295 | 5,969 | 99 | 67 | 1,820 | 1,649 |
| Jamkhandi | | | | | | | | |
| 1941 . . . | 126,272 | 3,434 | 4,072 | 7,506 | 100 | 88 | 2,571 | 771 |
| 1942 . . . | 126,272 | 4,160 | 9,458 | 13,618 | 100 | 57 | 2,812 | 1,176 |
| 1943 . . . | 126,272 | 3,780 | 8,949 | 12,729 | 95 | 64 | 2,573 | 1,019 |
| 1944 . . . | 126,272 | 3,673 | 2,726 | 6,399 | 100 | 52 | 2,633 | 999 |
| Jath | | | | | | | | |
| 1940-41 . . . | 107,036 | 2,892 | 1,511 | 4,403 | 100 | 10 | 1,842 | 1,048 |
| 1941 . . . | 107,036 | 2,931 | 1,333 | 4,264 | 100 | 8 | 1,883 | 1,043 |
| 1942 . . . | 107,036 | 2,973 | 976 | 3,949 | 100 | 2 | 1,896 | 1,076 |
| 1943 . . . | 107,036 | 2,750 | 1,594 | 4,344 | 100 | 9 | 1,787 | 955 |
| 1944 . . . | 107,036 | 3,151 | 1,276 | 4,427 | 100 | 3 | 1,983 | 1,163 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Miraj (Junior)** | | | | | | | | | |
| 1940-41 | 46,328 | 1,377 | 1,595 | 2,972 | 100 | 50 | 900 | 477 |
| 1941 | 46,328 | 1,003 | 2,740 | 3,743 | 100 | * | 873 | 130 |
| 1942 | 46,328 | 1,443 | 1,311 | 2,754 | 100 | 63 | 1,099 | 344 |
| 1943 | 46,328 | 1,537 | 1,483 | 3,020 | 100 | 64 | 1,223 | 350 |
| 1944 | 46,328 | 1,543 | 2,371 | 3,914 | 95 | 57 | 1,225 | 318 |
| **Miraj (Senior)** | | | | | | | | |
| 1940-41 | 108,621 | 3,860 | 2,342 | 6,202 | 100 | 96 | 2,556 | 1,089 |
| 1941 | 180,621 | 3,871 | 2,594 | 6,465 | 99 | 94 | 2,701 | 1,170 |
| 1942 | 108,621 | 3,433 | 5,160 | 8,593 | 100 | 99 | 2,442 | 957 |
| 1943 | 108,621 | 3,225 | 2,471 | 5,696 | 100 | 99 | 2,333 | 890 |
| 1944 | 108,621 | 2,991 | 3,947 | 6,938 | 97 | 94 | 2,096 | 895 |
| **Mudhol** | | | | | | | | |
| 1940-41 | 72,447 | 2,026 | 1,223 | 3,249 | 100 | 24 | 1,578 | 438 |
| 1941 | 72,447 | 1,871 | 1,368 | 3,239 | 100 | 23 | 1,449 | 422 |
| 1942 | 72,447 | 1,735 | 2,492 | 4,227 | 95 | 29 | 1,191 | 528 |
| 1943 | 72,447 | 1,842 | 2,234 | 4,076 | 95 | 29 | 1,259 | 587 |
| 1944 | 72,447 | 1,518 | 1,476 | 2,994 | 95 | 27 | 1,130 | 370 |
| **Ramdrug** | | | | | | | | |
| 1940 | 40,114 | 1,124 | 3,815 | 4,939 | 98 | * | 931 | 164 |
| 1941 | 40,114 | 1,285 | 725 | 2,010 | 97 | * | 923 | 288 |
| 1942 | 40,114 | 1,025 | 1,377 | 2,402 | 95 | 69 | 749 | 221 |
| 1943 | 40,114 | 895 | 763 | 1,658 | 94 | * | 674 | 198 |
| 1944 | 40,114 | 894 | 292 | 1,186 | 98 | 47 | 524 | 252 |
| **Phaltan** | | | | | | | | |
| 1944 | 71,473 | 1,512 | 7,078 | 8,590 | 75 | 71 | 638 | 324 |
| **Sangli** | | | | | | | | |
| 1944 | 293,931 | 9,027 | 28,679 | 37,706 | 95 | 30 | 6,722 | 1,981 |

*Not available.

TABLE 34.—VACCINATION STATISTICS RELATING TO SOME INDIAN STATES—*contd.*

| STATE | Population (1941 census). | Total number of vaccinations performed. | | | Percentage of successful vaccinations to the total vaccinations performed. | | Children successfully vaccinated. | |
|---|---|---|---|---|---|---|---|---|
| | | Primary. | Revaccinations. | Total. | Primary. | Revaccinations. | Under 1 year. | 1—6 years. |
| Savanur | | | | | | | | |
| 1941 . . | 22,400 | 803 | 1,474 | 2,277 | 97 | 100 | 665 | 98 |
| 1942 . . . | 22,400 | 659 | 2,295 | 2,954 | 100 | 100 | 569 | 88 |
| 1943 . . . | 22,400 | 648 | 568 | 1,216 | 100 | 100 | 530 | 118 |
| 1944 . . . | 22,400 | 591 | 644 | 1,235 | 100 | 100 | 505 | 86 |
| Sawantwadi | | | | | | | | |
| 1940 . . . | 252,200 | 6,945 | 3,212 | 10,157 | 100 | * | 4,982 | 1,884 |
| 1941 . . . | 252,200 | 7,074 | 3,779 | 10,853 | 100 | * | 4,970 | 2,009 |
| 1942 . . . | 252,200 | 6,682 | 1,454 | 8,136 | 100 | 76 | 4,466 | 2,173 |
| 1943 . . . | 252,200 | 6,202 | 1,404 | 7,606 | 100 | * | 4,511 | 1,579 |
| 1944 . . . | 252,200 | 5,940 | 3,432 | 9,372 | 100 | 29 | 4,062 | 1,789 |
| EASTERN STATES | | | | | | | | |
| Bastar | | | | | | | | |
| 1940-41 . . . | 635,818 | 22,519 | 17,043 | 39,562 | 96 | 72 | 5,016 | 13,902 |
| 1941 . . . | 635,818 | 23,133 | 47,137 | 70,270 | 76 | 40 | 3,627 | 13,761 |
| 1942 . . . | 635,818 | 20,517 | 43,591 | 64,108 | 84 | 38 | 4,742 | 10,762 |
| 1943 . . . | 635,818 | 19,020 | 31,709 | 50,729 | 90 | 61 | 4,328 | 13,024 |
| 1944 . . . | 635,818 | 20,296 | 24,452 | 44,748 | 93 | 63 | 4,218 | 11,957 |
| Jashpur | | | | | | | | |
| 1940-41 . . | 223,632 | 5,977 | 22,568 | 28,545 | 72 | 3 | 2,540 | 1,788 |
| 1941 . . . | 223,632 | 5,695 | 22,537 | 28,232 | 73 | 3 | 3,164 | 884 |
| 1942 . . . | 223,632 | 5,170 | 19,458 | 24,628 | 94 | 31 | 3,140 | 2,362 |
| 1943 . . . | 223,632 | 4,938 | 26,777 | 31,715 | 94 | 2 | 2,961 | 1,948 |
| 1944 . . . | 223,632 | 4,382 | 26,062 | 30,444 | 60 | 15 | 2,692 | 1,690 |

*Not available.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Kalahandi** | | | | | | | | | |
| 1940-41 | 599,751 | 23,267 | 18,013 | 41,280 | 96 | 94 | 1,388 | 18,944 |
| 1941 | 599,751 | 24,924 | 18,299 | 43,233 | 98 | 96 | 1,456 | 20,004 |
| 1942 | 599,751 | 23,366 | 16,283 | 39,649 | 96 | 94 | 1,328 | 18,919 |
| 1943 | 599,751 | 23,608 | 29,798 | 53,406 | 97 | 62 | 1,000 | 17,222 |
| 1944 | 599,751 | 22,311 | 19,053 | 41,364 | 95 | 92 | 1,172 | 18,054 |
| **Kanker** | | | | | | | | |
| 1940-41 | 149,471 | 4,924 | 3,019 | 7,943 | 98 | 90 | 3,637 | 991 |
| 1941 | 149,471 | 4,781 | 3,214 | 7,995 | 99 | 96 | 3,608 | 899 |
| 1942 | 149,471 | 4,337 | 2,669 | 7,006 | 100 | 96 | 3,295 | 988 |
| 1943 | 149,471 | 3,957 | 3,150 | 7,107 | 100 | 97 | 2,793 | 1,008 |
| 1944 | 149,471 | 3,746 | 6,124 | 9,870 | 93 | 99 | 2,827 | 793 |
| **Khairagarh** | | | | | | | | |
| 1940-41 | 173,829 | 4,968 | 6,457 | 11,425 | 92 | 3 | 3,599 | 963 |
| 1941 | 173,829 | 4,968 | 6,457 | 11,425 | 91 | 20 | 3,129 | 970 |
| 1942 | 173,829 | 5,049 | 3,851 | 8,900 | 91 | 36 | 3,315 | 861 |
| 1943 | 173,829 | 3,962 | 4,183 | 8,145 | 78 | 33 | 2,862 | 1,100 |
| 1944 | 173,829 | 3,299 | 2,499 | 5,798 | 83 | 30 | 3,014 | 2,784 |
| **Korea** | | | | | | | | |
| 1940-41 | 126,874 | 1,548 | .. | 1,548 | 93 | .. | 1,320 | 132 |
| 1941 | 126,874 | 1,785 | 1,272 | 3,057 | 29 | 65 | 457 | 56 |
| 1942 | 126,874 | 1,456 | 1,068 | 2,524 | 90 | 65 | * | * |
| 1943 | 126,874 | 3,962 | 4,183 | 8,145 | 78 | 33 | 2,862 | 1,100 |
| 1944 | 126,874 | 2,238 | 1,099 | 3,337 | 98 | 100 | * | * |
| **Nandgaon** | | | | | | | | |
| 1940-41 | 202,916 | 5,768 | 6,889 | 12,657 | 98 | 63 | 4,947 | 522 |
| 1941 | 202,916 | 5,942 | 5,905 | 11,847 | 98 | 62 | 4,923 | 680 |
| 1942 | 202,916 | 7,691 | 5,552 | 13,243 | 100 | 66 | 6,217 | 1,067 |
| 1943 | 202,916 | 6,093 | 3,593 | 9,686 | 100 | 67 | 4,180 | 837 |
| 1944 | 202,916 | 7,017 | 5,781 | 12,798 | 99 | 64 | 5,669 | 1,206 |

*Not available

## TABLE 34.—VACCINATION STATISTICS RELATING TO SOME INDIAN STATES—*contd.*

| STATE | Population (1941 census). | Total number of vaccinations performed. | | | Percentage of successful vaccinations to total vaccinations performed. | | Children successfully vaccinated. | |
|---|---|---|---|---|---|---|---|---|
| | | Primary. | Revaccinations. | Total. | Primary. | Revaccinations. | under 1 year. | 1—6 years. |
| **Patna** | | | | | | | | |
| 1940-41 . . | 632,220 | 21,458 | 67,646 | 89,104 | 90 | 95 | 1,292 | 19,904 |
| 1941 . . . | 632,220 | 20,972 | 67,453 | 88,425 | 99 | 96 | 1,167 | 19,610 |
| 1942 . . . | 632,220 | 18,285 | 63,827 | 82,112 | 99 | 96 | 903 | 17,275 |
| 1943 . . . | 632,220 | 22,796 | 75,252 | 98,048 | 98 | 96 | 1,190 | 21,143 |
| 1944 . . . | 632,220 | 19,800 | 68,261 | 88,061 | 100 | 97 | 1,259 | 18,203 |
| **Raigarh** | | | | | | | | |
| 1940-41 . . | 312,351 | 7,387 | 3,036 | 10,423 | 92 | 73 | 2,662 | 3,655 |
| 1941 . . . | 312,351 | 7,085 | 4,014 | 11,099 | 89 | 72 | 3,419 | 2,445 |
| 1942 . . . | 312,351 | 7,751 | 2,269 | 10,020 | 93 | 65 | 3,965 | 2,704 |
| 1943 . . . | 312,351 | 8,396 | 1,975 | 10,371 | 94 | 58 | 4,478 | 2,885 |
| 1944 . . . | 312,351 | 7,974 | 2,394 | 10,368 | 94 | 74 | 4,137 | 2,708 |
| **Sarangarh** | | | | | | | | |
| 1944 . . . | 501,939 | 6,633 | 5,214 | 11,847 | 53 | 44 | 2,176 | 2,861 |
| **Cooch Behar** | | | | | | | | |
| 1940-41 . . | 639,898 | 19,020 | 46,744 | 65,764 | 95 | 78 | 423 | 8,184 |
| 1941 . . . | 639,898 | 21,051 | 42,631 | 63,682 | 74 | 66 | 401 | 11,696 |
| 1942 . . . | 639,898 | 27,309 | 34,061 | 61,370 | 28 | 27 | * | * |
| 1943 . . . | 639,898 | 27,082 | 65,404 | 92,486 | 16 | 31 | 1,301 | 16,769 |
| 1944 . . . | 639,898 | 48,865 | 241,161 | 290,026 | 22 | 78 | 2,024 | 18,793 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Bamra** | | | | | | | | | |
| 1940-41 | 178,217 | 4,280 | 42,222 | 46,502 | 100 | 85 | 809 | 3,413 |
| 1941 | 178,217 | 4,295 | 41,766 | 46,061 | 100 | 85 | 762 | 3,474 |
| 1942 | 178,217 | 3,356 | 35,797 | 39,153 | 100 | 83 | 609 | 2,725 |
| 1943 | 178,217 | 4,605 | 40,514 | 45,119 | 100 | 83 | 747 | 3,183 |
| 1944 | 178,217 | 4,112 | 29,953 | 34,065 | 100 | 84 | 859 | 3,216 |
| **Baudh** | | | | | | | | |
| 1940-41 | 146,175 | 5,102 | 14,665 | 19,767 | 86 | 66 | 141 | 4,253 |
| 1941 | 146,175 | 4,187 | 13,920 | 18,107 | 79 | 62 | 110 | 3,199 |
| 1942 | 146,175 | 4,187 | 13,920 | 18,107 | 79 | 62 | 110 | 3,199 |
| 1943 | 146,175 | 3,870 | 14,630 | 18,500 | 81 | 64 | 108 | 3,000 |
| 1944 | 146,175 | 4,022 | 14,651 | 18,673 | 82 | 68 | 119 | 3,193 |
| **Dhenkanal** | | | | | | | | |
| 1940-41 | 324,212 | 7,336 | 25,185 | 32,521 | 94 | 71 | 3,043 | 2,912 |
| 1941 | 324,212 | 7,189 | 25,200 | 32,389 | 95 | 73 | 3,151 | 2,767 |
| 1942 | 324,212 | 6,551 | 24,477 | 31,028 | 96 | 73 | 2,729 | 2,601 |
| 1943 | 324,212 | 7,581 | 26,494 | 34,075 | 97 | 73 | 2,853 | 3,450 |
| 1944 | 324,212 | 7,038 | 20,860 | 27,898 | 79 | 62 | 2,337 | 3,243 |
| **Gangpur** | | | | | | | | |
| 1940-41 | 399,297 | 12,069 | 27,198 | 39,267 | 87 | 85 | 5,107 | 5,300 |
| 1941 | 399,297 | 10,502 | 23,822 | 34,324 | 88 | 86 | 4,721 | 4,436 |
| 1942 | 399,297 | 8,820 | 22,403 | 31,223 | 88 | 84 | 3,868 | 3,794 |
| 1943 | 399,297 | 10,504 | 24,719 | 35,223 | 88 | 83 | 4,135 | 5,027 |
| 1944 | 399,297 | 9,684 | 18,535 | 28,219 | 88 | 85 | 4,342 | 5,295 |
| **Nayagarh** | | | | | | | | |
| 1940-41 | 161,409 | 3,771 | 14,513 | 18,284 | 94 | 68 | 676 | 2,423 |
| 1941 | 161,409 | 4,446 | 15,779 | 20,225 | 83 | 78 | 834 | 3,612 |
| 1942 | 161,409 | 3,497 | 13,441 | 16,938 | 90 | 34 | 600 | 2,573 |
| 1943 | 161,409 | 3,755 | 11,131 | 14,886 | 91 | 52 | 977 | 2,366 |
| 1944 | 161,409 | 5,860 | 15,381 | 21,241 | 79 | 61 | 1,312 | 3,179 |

*Not available.

## TABLE 34.—VACCINATION STATISTICS RELATING TO SOME INDIAN STATES—*concld.*

| STATE | Population (1941 census). | Total number of vaccinations performed. | | | Percentage of successful vaccinations to total vaccinations performed. | | Children successfully vaccinated. | |
|---|---|---|---|---|---|---|---|---|
| | | Primary. | Revaccinations. | Total. | Primary. | Revaccinations. | Under 1 year. | 1—6 years. |
| Keonjhar | | | | | | | | |
| 1940-41 . . | 529,786 | 23,159 | 30,093 | 5,3252 | 93 | 88 | 707 | 20,818 |
| 1941 . . . | 529,786 | 22,807 | 29,567 | 5,2374 | 93 | 88 | 666 | 20,550 |
| 1942 . . . | 529,786 | 20,835 | 26,963 | 47,798 | 92 | 90 | 307 | 18,822 |
| 1943 . . . | 529,786 | 21,486 | 27,915 | 49,401 | 91 | 89 | 332 | 19,132 |
| 1944 . . . | 529,786 | 20,206 | 28,785 | 48,991 | 90 | 86 | 360 | 17,859 |
| Seraikela | | | | | | | | |
| 1940-41 . . | 156,374 | 7,153 | 15,741 | 22,894 | 100 | 71 | 2,636 | 3,705 |
| 1941 . . . | 156,374 | 5,893 | 9,669 | 15,652 | 100 | 70 | 2,096 | 3,189 |
| 1942 . . . | 156,374 | 3,971 | 8,626 | 12,597 | 99 | 72 | 755 | 2,837 |
| 1943 . . . | 156,374 | 5,759 | 7,804 | 13,563 | 100 | 67 | 1,322 | 3,887 |
| 1944 . . . | 156,374 | 7,038 | 9,304 | 16,342 | 100 | 70 | 1,415 | 4,223 |
| Sonepur | | | | | | | | |
| 1940-41 . . | 248,878 | 7,005 | 17,787 | 24,792 | 100 | 67 | 4,686 | 2,214 |
| 1941 . . . | 248,878 | 6,110 | 15,789 | 21,899 | 99 | 53 | 3,940 | 2,105 |
| 1942 . . . | 248,878 | 5,504 | 14,323 | 19,827 | 100 | 57 | 1,726 | 3,700 |
| 1943 . . . | 248,878 | 5,560 | 11,427 | 16,987 | 100 | 43 | 1,823 | 3,737 |
| 1944 . . . | 248,878 | 6,971 | 24,775 | 31,746 | 99 | 49 | 4,231 | 2,575 |
| Talchar | | | | | | | | |
| 1940-41 . . | 86,432 | 2,914 | 4,868 | 7,782 | 68 | 44 | 451 | 1,222 |
| 1941 . . . | 86,432 | 10,022 | 14,844 | 24,866 | 94 | 42 | 850 | 3,349 |
| 1942 . . . | 86,432 | 4,183 | 6,267 | 10,450 | 90 | 28 | 1,320 | 1,146 |
| 1943 . . . | 86,432 | 5,827 | 7,651 | 13,478 | 90 | 60 | 1,101 | 2,097 |
| 1944 . . . | 86,432 | 5,164 | 6,826 | 11,990 | 87 | 62 | 989 | 2,176 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Tripura** | | | | | | | | |
| 1941 | 513,010 | 10,536 | 5,206 | 15,742 | 87 | 64 | 2,906 | 5,527 |
| 1942 | 513,010 | 11,941 | 3,298 | 15,239 | 84 | 80 | 2,606 | 5,926 |
| 1943 | 513,010 | 12,616 | 34,956 | 47,572 | 79 | 54 | 2,335 | 7,445 |
| 1944 | 513,010 | 12,798 | 16,422 | 29,220 | 85 | 59 | 2,233 | 8,394 |
| **Madras States** | | | | | | | | |
| **Travancore** | | | | | | | | |
| 1940-41 | 6,070,018 | 250,821 | 1,227,904 | 1,478,725 | 95 | 74 | * | * |
| 1941 | 6,070,018 | 258,488 | 1,152,464 | 1,410,952 | 92 | 71 | 35,244 | 194,921 |
| 1942 | 6,070,018 | 236,651 | 955,437 | 1,192,088 | 94 | 60 | 44,387 | 159,961 |
| 1943 | 6,070,018 | 96,441 | 416,095 | 512,536 | 94 | 64 | * | |
| 1944 | 6,070,018 | 228,385 | 496,184 | 724,569 | 93 | 58 | 23,527 | 135,191 |
| **Cochin** | | | | | | | | |
| 1940-41 | 1,422,875 | 88,780 | 274,172 | 362,952 | 95 | 24 | 5,043 | 44,941 |
| 1941 | 1,422,875 | 79,998 | 69,814 | 149,812 | 93 | 16 | 1,127 | 41,107 |
| 1942 | 1,422,875 | 38,607 | 53,626 | 92,233 | 92 | 14 | 1,892 | 18,801 |
| 1943 | 1,422,875 | 32,233 | 76,877 | 109,110 | 77 | 13 | 1,918 | 14,425 |
| 1944 | 1,422,875 | 71,672 | 267,951 | 339,623 | 93 | 12 | 3,760 | 41,691 |
| **Pudukkottai** | | | | | | | | |
| 1940-41 | 438,348 | 15,615 | 6,860 | 22,475 | 90 | 69 | 4,898 | 7,855 |
| 1941 | 438,348 | 14,666 | 28,446 | 43,112 | 90 | 72 | 4,184 | 7,495 |
| 1942 | 438,348 | 13,062 | 10,604 | 23,666 | 96 | 71 | 6,879 | 1,044 |
| 1943 | 438,348 | 14,954 | 29,952 | 44,906 | 96 | 76 | 3,055 | 7,274 |
| 1944 | 438,348 | 14,650 | 25,931 | 40,581 | 96 | 61 | 4,139 | 7,694 |

*Not available.

# SECTION VI

## Table 35.—Number of Towns having Protected Water Supply in 1944.

| | Towns having a population of over 50,000. | | Towns having a population between 30,000—50,000. | | Towns having a population below 30,000. | | Total | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | No. of Towns. | Towns having a protected water supply. | No. of Towns. | Towns having a protected water supply. | No. of Towns. | Towns having a protected water supply. | No. of Towns. | Aggregate population. | Towns having a protected water supply. | Population of towns included in Col. (10). |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) |
| N. W. F. P. | 2 | 2 | 3 | 2 | 14 | 4 | 19 | 534,982 | 8 | 355,015 |
| Punjab | 13 | 8 | 16 | 8 | 175 | 27 | 204 | 4,302,283 | 43 | 2,207,337 |
| Delhi | 2 | 2 | .. | .. | 4 | 3 | 6 | 675,812 | 5 | 659,857 |
| U. P. | 24 | 13 | 13 | 4 | 405 | 10 | 442 | 6,845,674 | 27 | 2,497,039 |
| Bihar | 11 | 7 | 4 | 1 | 73 | 3 | 88 | 1,956,219 | 11 | 894,358 |
| Orissa | 1 | .. | 2 | 2 | 14 | .. | 17 | 320,801 | 2 | 84,591 |
| Bengal | 18 | 10 | 18 | 13 | 112 | 29 | 148 | 3,829,255 | 52 | 2,046,833 |
| C. P. | 7 | 6 | 4 | 2 | 108 | 11 | 119 | 2,093,767 | 19 | 971,842 |
| Bombay | 13 | 7 | 14 | 5 | 105 | 13 | 132 | 4,936,615 | 25 | 3,185,844 |
| Sind | 4 | 3 | .. | .. | 22 | 2 | 26 | 830,359 | 5 | 589,788 |
| Madras | 27 | 23 | 26 | 13 | 335 | 24 | 388 | 10,092,359 | 60 | 3,674,493 |
| Coorg | .. | .. | .. | .. | 2 | 1 | 2 | 11,218 | 1 | 7,112 |
| Assam | .. | .. | 1 | 1 | 31 | 9 | 32 | 310,439 | 10 | 162,430 |
| Ajmer-Merwara | 1 | .. | 1 | .. | 3 | 1* | 5 | 225,398 | 1 | 16,608 |
| British India | 123 | 81 | 102 | 51 | 1,403 | 137 | 1,628 | 36,995,191 | 269 | 17,353,147 |

* Nasirabad Military Cantonment.

## Table 36.—Expenditure on Public Health by Municipalities.

| | Income. | Public Health expenditure. | Percentage of total income expended on public health. | Expenditure on | | | Percentage of the total of Cols. 4, 5 & 6 to column 2 |
|---|---|---|---|---|---|---|---|
| | | | | Conservancy. | Water Supply. | Drainage. | |
| | 1<br>Rs. | 2<br>Rs. | 3 | 4<br>Rs. | 5<br>Rs. | 6<br>Rs. | 7 |
| **N. W. F. P.** | | | | | | | |
| 1939-40 | 2,418,751 | 465,589 | 19·2 | 241,482 | 72,824 | 51,760 | 78·6 |
| 1940-41 | 2,361,259 | 486,222 | 20·6 | 250,008 | 87,007 | 43,921 | 78·3 |
| 1941-42 | 2,359,326 | 486,434 | 20·6 | 254,711 | 98,519 | 53,369 | 83·6 |
| 1942-43 | 2,654,699 | 546,826 | 20·6 | 259,923 | 112,107 | 75,798 | 81·9 |
| 1943-44 | 3,218,493 | 660,406 | 20·5 | 262,284 | 188,029 | 61,051 | 77·4 |
| **Punjab** | | | | | | | |
| 1939-40 | 22,107,269 | 6,120,740 | 27·7 | 1,774,132 | 1,642,300 | 1,974,713 | 88·1 |
| 1940-41 | 26,817,871 | 5,912,204 | 22·0 | 1,790,374 | 1,692,201 | 1,464,174 | 83·7 |
| 1941-42. | 24,018,787 | 5,838,064 | 24·3 | 1,819,477 | 1,517,702 | 1,717,044 | 86·6 |
| 1942-43* | | | | | | | |
| 1943-44* | | | | | | | |
| **Delhi** | | | | | | | |
| 1939† | 10,906,490 | 2,559,666 | 23·5 | 756,903 | 1,017,516 | 430,943 | 86·2 |
| 1940† | 8,435,620 | 2,387,438 | 28·3 | 725,522 | 998,171 | 313,589 | 85·3 |
| 1941-42 | 8,534,817 | 2,522,467 | 29·6 | 790,377 | 823,494 | 677,399 | 90·8 |
| 1942-43 | 9,614,475 | 2,901,552 | 30·2 | 1,119,203 | 843,165 | 494,419 | 84·7 |
| 1943-44 | 10,122,725 | 3,594,498 | 35·5 | 1,433,641 | 1,063,058 | 570,106 | 85·3 |

* Not available
† For calendar year.

## TABLE 36.—EXPENDITURE ON PUBLIC HEALTH BY MUNICIPALITIES—*contd.*

| | Income. | Public Health expenditure. | Percentage of total income expended on public health. | Expenditure on | | | Percentage of the total of Cols. 4, 5 & 6 to column 2. |
|---|---|---|---|---|---|---|---|
| | | | | Conservancy. | Water Supply. | Drainage. | |
| | 1 Rs. | 2 Rs. | 3 | 4 Rs. | 5 Rs. | 6 Rs. | 7 |
| U. P. | | | | | | | |
| 1939-40 | 23,821,062 | 6,513,260 | 27·3 | 2,867,115 | 2,418,872 | 624,141 | 90·7 |
| 1940-41 | 24,998,047 | 7,504,081 | 30·0 | 2,940,256 | 3,271,727 | 706,336 | 92·2 |
| 1941-42 | 26,324,545 | 7,247,485 | 27·5 | 3,097,136 | 2,695,702 | 766,180 | 90·5 |
| 1942-43 | 28,638,028 | 7,984,861 | 27·9 | 3,594,952 | 3,132,152 | 637,001 | 92·2 |
| 1943-44 | 33,076,798 | 10,076,699 | 30·5 | 4,465,867 | 3,964,665 | 893,957 | 92·5 |
| BIHAR | | | | | | | |
| 1939-40 | 5,323,307 | 1,950,868 | 36·6 | 966,896 | 653,907 | 195,147 | 93·1 |
| 1940-41 | 4,922,227 | 2,954,740 | 60·0 | 1,380,684 | 919,618 | 366,678 | 90·3 |
| 1941-42 | 5,344,649 | 1,714,875 | 32·1 | 1,104,831 | 274,380 | 164,507 | 90·0 |
| 1942-43 | 4,896,439 | 1,865,208 | 38·1 | 1,166,052 | 355,125 | 192,778 | 91·9 |
| 1943-44 | 6,544,266 | 2,398,707 | 36·7 | 1,460,924 | 527,904 | 257,112 | 93·6 |
| ORISSA | | | | | | | |
| 1939-40 | 970,619 | 250,413 | 25·8 | 161,318 | 34,673 | 20,918 | 86·6 |
| 1940-41 | 1,088,007 | 293,193 | 26·9 | 219,451 | 22,279 | 14,005 | 87·2 |
| 1941-42 | 1,160,015 | 312,055 | 26·9 | 221,996 | 26,243 | 21,333 | 86·4 |
| 1942-43 | 944,706 | 316,856 | 33·5 | 220,567 | 47,670 | 17,210 | 90·1 |
| 1943-44 | 1,081,236 | 352,502 | 32·6 | 257,582 | 28,801 | 15,022 | 85·5 |
| BENGAL | | | | | | | |
| 1939-40 | 13,836,717 | 5,318,958 | 38·4 | 2,468,518 | 1,280,798 | 519,202 | 80·3 |
| 1940-41 | 12,482,942 | 4,666,157 | 37·4 | 2,577,597 | 1,128,936 | 448,164 | 89,0 |
| 1941-42 | 12,986,414 | 4,649,391 | 35·8 | 2,635,143 | 1,052,274 | 404,655 | 88·0 |
| 1942-43 | 12,110,934 | 4,202,390 | 34·7 | 2,046,560 | 1,084,082 | 270,407 | 80·9 |
| 1943-44 | 17,695,332 | 5,768,934 | 32·6 | 3,380,148 | 1,313,814 | 473'769 | 89·4 |

C. P.

| | | | | | | |
|---|---|---|---|---|---|---|
| 1939-40 | 11,898,366 | 3,309,556 | 27·8 | 1,215,054 | 911,616 | 244,714 | 71·7 |
| 1940-41 | 13,296,982 | 3,731,610 | 28·1 | 1,224,061 | 1,304,985 | 225,074 | 73·8 |
| 1941-42 | 12,288,504 | 3,416,888 | 27·8 | 1,288,608 | 873,626 | 241,589 | 70·4 |
| 1942-43 | 13,960,021 | 1,870,536 | 13·4 | 879,146 | 413,005 | 212,731 | 80·5 |
| 1943-44 | 16,174,535 | 2,993,022 | 18·5 | 1,147,864 | 1,142,885 | 268,619 | 85·5 |

BOMBAY

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1939-40 | 60,995,781 | 15,643,319 | 25·6 | 5,892,961 | 4,329,793 | 2,794,261 | 83·2 |
| 1940-41 | 65,040,140 | 15,783,049 | 24·3 | 6,192,883 | 4,176,200 | 2,924,115 | 84·2 |
| 1941-42 | 58,718,947 | 15,613,123 | 26·6 | 6,094,985 | 3,896,205 | 2,775,606 | 81·8 |
| 1942-43 | 48,050,964 | 15,781,824 | 32·8 | 5,255,101 | 4,239,063 | 2,892,338 | 78·5 |
| 1943-44 | 53,615,673 | 18,249,327 | 34·0 | 5,943,819 | 4,923,103 | 3,255,743 | 77·4 |

SIND

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1939-40 | 13,213,231 | 3,570,040 | 27·0 | 937,003 | 1,126,818 | 705,374 | 77·6 |
| 1940-41 | 13,222,236 | 4,287,174 | 32·4 | 952,054 | 1,977,549 | 652,018 | 83·5 |
| 1941-42 | 13,121,234 | 4,523,172 | 34·5 | 941,054 | 1,889,459 | 600,016 | 75·8 |
| 1942-43 | 15,016,728 | 7,597,192 | 50·6 | 1,193,194 | 5,232,512 | 698,479 | 93·8 |
| 1943-44 | 17,714,690 | 9,453,830 | 53·4 | 1,200,117 | 4,561,813 | 859,566 | 70·0 |

MADRAS

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1939-40 | 37,255,088 | 8,835,902 | 23.7 | * | 3,615,965 | 1,379,968 | * |
| 1940-41 | 32,662,505 | 10,184,695 | 31·2 | 2,774,994 | 4,518,243 | 1,348,176 | 84·8 |
| 1941-42 | 34,062,365 | 10,054,923 | 29·5 | 2,892,539 | 4,029,051 | 1,541,137 | 84·1 |
| 1942-43 | 33,595,633 | 10,208,989 | 30·4 | 3,219,958 | 3,986,220 | 1,222,367 | 82·6 |
| 1943-44 | 34,428,500 | 10,676,460 | 31·0 | 4,156,100 | 3,356,500 | 1,497,821 | 84·4 |

ASSAM

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1939-40 | 1,844,363 | 581,591 | 31·5 | 343,817 | 159,364 | 38,367 | 93·1 |
| 1940-41 | 1,577,751 | 566,524 | 35·9 | 322,129 | 155,058 | 34,683 | 90·4 |
| 1941-42 | 1,656,694 | 570,528 | 34·4 | 322,722 | 163,273 | 30,365 | 90·5 |
| 1942-43 | 1,685,631 | 646,634 | 38·4 | 379,712 | 186,603 | 26,270 | 91·6 |
| 1943-44 | 1,842,074 | 723,362 | 39·2 | 428,166 | 174,595 | 50,859 | 90·4 |

* Not available.

## TABLE 37.—EXPENDITURE ON PUBLIC HEALTH BY DISTRICT BOARDS

| | Income. | Public Health expenditure. | Percentage of total income expended on Public health. | Expenditure included in Col. 2 on | | | Percentage of the total of Cols. 4, 5 & 6 to Col. 2. |
|---|---|---|---|---|---|---|---|
| | | | | Conservancy. | Water Supply. | Drainage. | |
| | 1 | 2 | 3 | 4 | 5 | 6 | |
| | Rs. | Rs. | | Rs. | Rs. | Rs. | 7 |
| **N. W. F. P.** | | | | | | | |
| 1939-40 | 2,101,331 | 93,090 | 4·4 | 7,499 | 22,232 | 1,532 | 33.6 |
| 1940-41 | 2.225.126 | 76,858 | 3·5 | 8,597 | 6,271 | 1,353 | 21.1 |
| 1941-42 | 2,049,003 | 79,191 | 3·9 | 9,110 | 2,267 | 1,497 | 16.3 |
| 1942-43 | 2,232,164 | 54,333 | 2·4 | 14,304 | 3,241 | 875 | 33. 9 |
| 1943-44 | 2,348,842 | 66,144 | 2·8 | 16,131 | 2,99 | 619 | 29.9 |
| **Punjab** | | | | | | | |
| 1939-40 | 27,149,995 | 841,308 | 3·1 | * | * | * | * |
| 1940-41 | 29,338,203 | 1.011,984 | 3·4 | * | * | * | * |
| 1941-42 | 25,096,961 | 1,061,424 | 4·2 | * | * | * | * |
| 1942-43 | 27,367,644 | 1,146,537 | 4·2 | * | * | * | * |
| 1943-44* | . | . | | | | | |
| **Delhi** | | | | | | | |
| 1939 † | 368,286 | 53,721 | 14·6 | 18,939 | .. | .. | * |
| 1940 † | 336,176 | 51,643 | 15·4 | 18,52) | .. | .. | * |
| 1941-42 | 348,982 | 54,417 | 15·6 | .. | .. | .. | * |
| 1942-43 | 327,127 | 56,217 | 17·2 | .. | .. | .. | |
| 1943-44 | 310,404 | 72,495 | 23·4 | .. | .. | .. | |
| **U. P.** | | | | | | | |
| 1939-40 | 23,739,783 | 750,090 | 3·2 | 7,574 | 12,066 | 6,965 | 3·5 |
| 1940-41 | 23,268,487 | 737,973 | 3·2 | 7,656 | 10,203 | 4,092 | 3·0 |
| 1941-42 | 22,940,264 | 730,663 | 3·2 | 8,075 | 11,690 | 1,978 | 3·0 |
| 1942-43 | 23,327,612 | 717,092 | 3·1 | 8,535 | 7,879 | 1,900 | 2·6 |
| 1943-44 | 25,152,262 | 760,562 | 3·0 | 7,714 | 5,009 | 1,201 | 1·8 |
| **Bihar** | | | | | | | |
| 1939-40 | 11,635,150 | 277,686 | 2·4 | 31,876 | 121,086 | 4,677 | 56·8 |
| 1940-41 | 14,091,900 | 318,978 | 2·3 | 26,242 | 151,768 | 4,949 | 57·4 |
| 1941-42 | 15,142,214 | 348,240 | 2·3 | 27,514 | 191,737 | 14,557 | 67·1 |
| 1942-43 | 13,894,325 | 274,043 | 2·0 | 25,534 | 157,094 | 15,299 | 72·2 |
| 1943-44 | 21,089,501 | 770,986 | 3·7 | * | 134,894 | 5,904 | * |
| **Orissa** | | | | | | | |
| 1939-40 | 3,393,080 | 175,384 | 5·2 | 22,488 | 21,781 | 595 | 25·6 |
| 1940-41 | 2,823,447 | 153,702 | 5·4 | 16,190 | 17,566 | 2,722 | 23·7 |
| 1941-42 | 3,479,161 | 174,905 | 5·0 | 19,639 | 26,807 | 1,204 | 27·2 |
| 1942-43 | 2,557,489 | 177,578 | 6·9 | 14,291 | 22,540 | 304 | 20·9 |
| 1943-44 | 2,505,187 | 183,392 | 7·3 | 25,728 | 11,890 | 1,185 | 21·2 |

*Not available. †For Calendar year.

TABLE 37.—EXPENDITURE ON PUBLIC HEALTH BY DISTRICT BOARDS—*contd.*

| | Income. | Public Health expenditure. | Percentage of total income expended on public health | Expenditure included in Col. 2 on | | | Percentage of the total of Cols. 4, 5 & 6 to Col. 2. |
|---|---|---|---|---|---|---|---|
| | | | | Conservancy. | Water Supply. | Drainage. | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | Rs. | Rs. | | Rs. | Rs. | Rs. | |
| **Bengal** | | | | | | | |
| 1939-40 | 21,327,743 | * | * | * | 807,199 | 51,151 | * |
| 1940-41 | 18,089,472 | * | * | * | 620,958 | 44,382 | * |
| 1941-42 | 17,545,127 | * | * | * | 586,348 | 57,423 | * |
| 1942-43 | 17,158,733 | 4,629,048 | 27·0 | * | 375,084 | 19,107 | * |
| 1943-44 | 25,001,402 | * | * | * | 250,063 | 105,032 | * |
| **C. P.** | | | | | | | |
| 1939-40 | 10,483,094 | 221,836 | 2·1 | * | 43,057 | .. | * |
| 1940-41 | 10,359,532 | 235,410 | 2·3 | * | 52,228 | 472 | * |
| 1941-42 | 10,573,973 | 230,354 | 2·2 | * | 59,470 | 295 | * |
| 1942-43 | 10,326,567 | 230,847 | 2·2 | * | 55,751 | 37 | * |
| 1943-44 | 11,312,347 | 208,372 | 1·8 | * | 26,560 | .. | * |
| **Bombay** | | | | | | | |
| 1939-40 | 23,865,288 | 729,220 | 3·1 | * | 412,534 | 332 | * |
| 1940-41 | 23,643,497 | 603,420 | 2·6 | * | 266,525 | 30 | * |
| 1941-42 | 24,998,196 | 694,746 | 2·8 | * | 223,985 | 863 | * |
| 1942-43 | 25,981,193 | 808,639 | 3·1 | * | 269,202 | 1,590 | * |
| 1943-44 | 26,873,327 | 949,164 | 3·5 | * | 497,048 | 432 | * |
| **Sind** | | | | | | | |
| 1939-40 | 5,674,222 | 250,836 | 4·4 | * | 57,038 | 75 | * |
| 1940-41 | 6,241,691 | 681,775 | 10·9 | * | 64,103 | .. | * |
| 1941-42 | 5,284,477 | 243,408 | 4·6 | 11,144 | 43,736 | .. | 22·5 |
| 1942-43 | 4,500,302 | 262,723 | 5·8 | 15,270 | 31,780 | 2,237 | 18·8 |
| 1943-44 | 7,128,883 | 379,133 | 5·3 | 27,265 | 28,303 | .. | 14·7 |
| **Madras** | | | | | | | |
| 1939-40 | 59,112,431 | 2,408,142 | 4·1 | * | 82,782 | .. | * |
| 1940-41 | 45,971,791 | 2,660,371 | 5·8 | 880,735 | .. | .. | 33·1 |
| 1941-42 | 49,548,163 | 2,859,342 | 5·8 | 975,249 | .. | .. | 34·1 |
| 1942-43 | 51,209,198 | 2,950,592 | 5·8 | 1,136,774 | .. | .. | 38·5 |
| 1943-44 | 54,116,566 | 3,227,753 | 6·0 | 1,425,222 | .. | .. | 44·2 |
| **Assam** | | | | | | | |
| 1939-40 | 4,105,559 | 134,121 | 3·3 | .. | 60,808 | 912 | 46·0 |
| 1940-41 | 4,286,542 | 124,664 | 2·9 | .. | 55,849 | 964 | 45·6 |
| 1941-42 | 4,419,259 | 139,647 | 3·2 | .. | 67,524 | 844 | 49·0 |
| 1942-43 | 4,307,077 | 891,013 | 20·7 | .. | 17,525 | 454 | 2·0 |
| 1943-44 | 5,328,190 | 1,068,108 | 20·0 | .. | 45,580 | 570 | 4·3 |

*Not available.

# SECTION VII.

## TABLE 38.—SICKNESS AND MORTALITY OF ALL CLASSES OF PRISONERS IN DISTRICT AND CENTRAL JAILS IN INDIA.

| | Average daily population. | Constantly sick. | Influenza. Actuals. A | Influenza. Actuals. D | Influenza. Ratios. A | Influenza. Ratios. D | Cholera. Actuals. A | Cholera. Actuals. D | Cholera. Ratios. A | Cholera. Ratios. D | Smallpox. Actuals. A | Smallpox. Actuals. D | Smallpox. Ratios. A | Smallpox. Ratios. D | Enteric fever. Actuals. A | Enteric fever. Actuals. D | Enteric fever. Ratios. A | Enteric fever. Ratios. D | Malaria. Actuals. A | Malaria. Actuals. D | Malaria. Ratios. A | Malaria. Ratios. D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **N. W. F. P.** | | | | | | | | | | | | | | | | | | | | | | |
| 1940 | 5,489 | 19 | 72 | .. | 13·1 | .. | .. | .. | .. | .. | .. | .. | .. | .. | 15 | 1 | 2·7 | 0·2 | 1,258 | 1 | 229 | 0·2 |
| 1941 | 5,534 | 23 | 30 | .. | 5 | .. | 1 | .. | 0·2 | .. | 1 | .. | 0·2 | .. | 18 | 1 | 3·3 | 0·2 | 1,667 | 5 | 301 | 0·9 |
| 1942 | 5,236 | 30 | 36 | .. | 7 | .. | .. | .. | .. | .. | 1 | 1 | 0·2 | 0·2 | 32 | 5 | 6·1 | 1·0 | 2,746 | 8 | 524 | 1·5 |
| 1943 | 6,446 | 27 | 36 | .. | 5·6 | .. | .. | .. | .. | .. | 1 | .. | 0·2 | .. | 27 | 4 | 4·2 | 0·6 | 2,592 | 2 | 402 | 0·3 |
| 1944 | 5,231 | 27 | 18 | .. | 3·4 | .. | .. | .. | .. | .. | 1 | .. | 0·2 | .. | 16 | 1 | 3·1 | 0·2 | 1,705 | 3 | 326 | 0·6 |
| **Punjab.** | | | | | | | | | | | | | | | | | | | | | | |
| 1940 | 19,826 | 19 | 76 | .. | 4 | .. | .. | .. | .. | .. | 2 | .. | 0·1 | .. | 48 | 8 | 2·4 | 0·4 | 4,222 | 7 | 213 | 0·4 |
| 1941 | 20,318 | 25 | 255 | .. | 13 | .. | 1 | .. | 0·05 | .. | 1 | .. | 0·05 | .. | 140 | 9 | 7 | 0·4 | 7,757 | 17 | 382 | 0·8 |
| 1942 | 21,296 | 31 | 79 | 1 | 4 | 0·05 | .. | .. | .. | .. | .. | .. | .. | .. | 243 | 22 | 11·4 | 1·0 | 11,331 | 35 | 532 | 1·6 |
| 1943 | 19,717 | 24 | 122 | .. | 6 | .. | 1 | .. | 0·05 | .. | 3 | .. | 0·2 | .. | 63 | 5 | 3·2 | 0·3 | 7,667 | 15 | 389 | 0·8 |
| 1944 | 19,372 | 25 | 116 | 1 | 6 | 0·05 | 2 | 1 | 0·1 | 0·05 | 2 | 1 | 0·1 | 0·05 | 63 | 8 | 3·3 | 0·4 | 10,017 | 27 | 514 | 1·4 |
| **U. P.** | | | | | | | | | | | | | | | | | | | | | | |
| 1940 | 30,966 | 16 | 308 | .. | 10 | .. | 7 | 3 | 0·2 | 0·1 | 20 | 3 | 0·6 | 0·1 | 67 | 7 | 2·2 | 0·2 | 3,492 | 4 | 113 | 0·1 |
| 1941 | 38,503 | 17 | 1,040 | .. | 27 | .. | 12 | 1 | 0·3 | 0·03 | 23 | 4 | 0·6 | 0·1 | 95 | 10 | 2·5 | 0·3 | 4,964 | 14 | 129 | 0·4 |
| 1942 | 37,071 | 20 | 936 | 6 | 25 | 0·2 | 23 | 6 | 0·6 | 0·2 | 12 | .. | 0·3 | .. | 82 | 11 | 2·0 | 0·3 | 8,933 | 18 | 241 | 0·5 |
| 1943 | 40,318 | 25 | 713 | 4 | 18 | 0·1 | 71 | 18 | 1·7 | 0·4 | 12 | 1 | 0·3 | 0·2 | 157 | 9 | 3·8 | 0·2 | 14,458 | 24 | 359 | 0·6 |
| 1944 | 33,892 | 23 | 636 | .. | 19 | .. | 35 | 6 | 1·0 | 0·2 | 50 | .. | 1·5 | .. | 56 | 6 | 1·6 | 0·2 | 8,157 | 16 | 240 | 0·5 |
| **Bihar.** | | | | | | | | | | | | | | | | | | | | | | |
| 1940 | 10,401 | 18 | 225 | .. | 22 | .. | 1 | .. | 0·1 | .. | 6 | 1 | 0·6 | 0·1 | 44 | 9 | 4 | 0·9 | 499 | 6 | 48 | 0·6 |
| 1941 | 12,004 | 20 | 181 | .. | 15 | .. | 3 | 1 | 0·2 | 0·1 | .. | .. | .. | .. | 49 | 3 | 4·1 | 0·3 | 684 | 5 | 57 | 0·4 |
| 1942 | 14,259 | 24 | 334 | .. | 23 | .. | 3 | .. | 0·2 | .. | 2 | .. | 0·1 | .. | 41 | 5 | 3 | 0·4 | 991 | 7 | 70 | 0·5 |
| 1943 | 26,584 | 36 | 331 | 2 | 12 | 0·07 | .. | .. | .. | .. | 20 | .. | 0·8 | .. | 76 | 10 | 2·8 | 0·4 | 2,642 | 27 | 99 | 1·2 |
| 1944 | 20,866 | 38 | 78 | .. | 3·7 | .. | 1 | .. | 0·05 | .. | 14 | 2 | 0·7 | 0·09 | 36 | 3 | 1·7 | 0·1 | 1,977 | 10 | 95 | 0·5 |

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Orissa.** | | | | | | | | | | | | | | | | | | | | | | | |
| 1940 | . | 1,084 | 25 | 60 | .. | 55 | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | .. | 0·1 | .. | 31 | .. | 29 | .. |
| 1941 | . | 1,476 | 19 | 15 | .. | 10 | .. | 5 | 4 | 0·3 | 0·3 | 4 | 2 | 2·7 | 1·4 | 3 | 2 | 1·0 | 1·4 | 114 | 1 | 77 | 0·7 |
| 1942 | . | 1,549 | 19 | 40 | .. | 26 | .. | 1 | .. | 0·6 | .. | 4 | .. | 2·6 | .. | 1 | .. | 0·6 | .. | 309 | .. | 199 | .. |
| 1943 | . | 2,171 | 23 | 100 | .. | 46 | .. | .. | .. | .. | .. | .. | .. | .. | .. | 4 | .. | 1·8 | .. | 320 | 1 | 147 | 0·5 |
| 1944 | . | 2,321 | 34 | 78 | .. | 34 | .. | .. | .. | .. | .. | 10 | 1 | 4·3 | 0·4 | 1 | .. | 0·4 | .. | 595 | 6 | 256 | 2·6 |
| **Bengal.** | | | | | | | | | | | | | | | | | | | | | | | |
| 1940 | . | 16,884 | 37 | 1,728 | 8 | 102 | 0·5 | 1 | .. | 0·06 | .. | 4 | .. | 0·2 | .. | 16 | 1 | 0·9 | 0·06 | 3,797 | 11 | 225 | 0·7 |
| 1941 | . | 17,633 | 37 | 1,741 | 6 | 99 | 0·3 | 3 | 2 | 0·2 | 0·1 | 6 | 1 | 0·3 | 0·06 | 23 | 4 | 1·3 | 0·2 | 3,838 | 18 | 218 | 1·0 |
| 1942 | .. | 18,965 | 43 | 1,901 | 2 | 100 | 0·1 | 3 | .. | 0·2 | .. | .. | .. | .. | .. | 13 | 4 | 0·7 | 0·3 | 5,641 | 12 | 298 | 0·6 |
| 1943 | . | 24,180 | 43 | 2,152 | 5 | 89 | 0·2 | 8 | 3 | 0·3 | 0·1 | 59 | 19 | 2·4 | 0·8 | 29 | 7 | 1·2 | 0·3 | 11,779 | 59 | 487 | 2·4 |
| 1944 | . | 20,889 | 47 | 1,230 | 2 | 59 | 0·09 | 10 | 1 | 0·5 | 0·05 | 111 | 39 | 5·3 | 1·9 | 22 | 5 | 1·1 | 0·2 | 9,306 | 74 | 446 | 3·5 |
| **C. P.** | | | | | | | | | | | | | | | | | | | | | | | |
| 1940 | . | 4,603 | 11 | 119 | .. | 26 | .. | .. | .. | .. | .. | 2 | .. | 0·4 | .. | 3 | .. | 0·7 | .. | 366 | 1 | 80 | 0·2 |
| 1941 | . | 4,842 | 13 | 71 | .. | 15 | .. | 1 | 1 | 0·2 | 0·2 | 4 | .. | 0·8 | .. | 7 | .. | 1·4 | .. | 363 | 2 | 75 | 0·4 |
| 1942 | . | 6,065 | 21 | 88 | 2 | 15 | 0·3 | .. | .. | .. | .. | .. | .. | .. | .. | 9 | 1 | 1·0 | 0·2 | 1,512 | 4 | 249 | 0·6 |
| 1943 | . | 8,652 | 26 | 51 | 1 | 5·9 | 0·1 | 2 | 1 | 0·2 | 0·1 | .. | .. | .. | .. | 34 | 4 | 3·9 | 0·5 | 1,482 | 6 | 171 | 0·7 |
| 1944 | . | 6,523 | 25 | 91 | .. | 14 | .. | * | * | * | * | 5 | .. | 0·8 | .. | 12 | .. | 1·8 | .. | 1,186 | 2 | 182 | 0·3 |
| **Bombay.** | | | | | | | | | | | | | | | | | | | | | | | |
| 1940 | . | 7,330 | 15 | 79 | .. | 11 | .. | .. | .. | .. | .. | .. | .. | .. | .. | 14 | 2 | 2 | 0·3 | 1,308 | .. | 178 | .. |
| 1941 | . | 9,142 | 16 | 21 | .. | 2 | .. | 1 | 1 | 0·1 | 0·1 | 1 | 1 | 0·1 | 0·1 | 12 | 1 | 1·3 | 0·1 | 1,673 | .. | 183 | .. |
| 1942 | . | 10,944 | 15 | 35 | .. | 3 | .. | .. | .. | .. | .. | 2 | .. | 0·2 | .. | 16 | .. | 1·4 | .. | 2,711 | 5 | 248 | 0·5 |
| 1943 | . | 18,490 | 17 | 109 | .. | 6 | .. | .. | .. | .. | .. | 12 | .. | 0·6 | .. | 26 | .. | 1·4 | .. | 4,626 | 9 | 250 | 0·5 |
| 1944 | . | 13,796 | 16 | 51 | .. | 3·7 | .. | .. | .. | .. | .. | 10 | 3 | 0·7 | 0·2 | 14 | 4 | 1·0 | 0·3 | 5,187 | 5 | 376 | 0·4 |
| **Sind.** | | | | | | | | | | | | | | | | | | | | | | | |
| 1940 | . | 4,630 | 17 | .. | .. | .. | .. | .. | .. | .. | .. | 1 | .. | 0·2 | .. | 20 | .. | 4·3 | .. | 1,813 | 2 | 392 | 0·4 |
| 1941 | . | 4,193 | 18 | 24 | .. | 6 | .. | 6 | 2 | 1·4 | 0·5 | .. | .. | .. | .. | 11 | 2 | 2·6 | 0·5 | 1,062 | .. | 253 | .. |
| 1942 | . | 6,308 | 22 | 46 | .. | 7 | .. | .. | .. | .. | .. | .. | .. | .. | .. | 18 | 3 | 3·0 | 0·5 | 2,191 | 9 | 347 | 1·4 |
| 1943 | . | 9,410 | 25 | 63 | .. | 7 | .. | .. | .. | .. | .. | 1 | .. | 0·1 | .. | 16 | 3 | 1·7 | 0·3 | 2,977 | 21 | 316 | 2·2 |
| 1944 | . | 8,556 | 24 | 41 | 1 | 4·8 | 0·1 | .. | .. | .. | .. | .. | .. | .. | .. | 29 | 10 | 3·4 | 1·2 | 3,426 | 21 | 400 | 2·5 |

* Not available.

TABLE 38.—SICKNESS AND MORTALITY OF ALL CLASSES OF PRISONERS IN DISTRICT AND CENTRAL JAILS IN INDIA—*contd.*

| | Average daily population. | Constantly sick. | Influenza. Actuals. A | Influenza. Actuals. D | Influenza. Ratios. A | Influenza. Ratios. D | Cholera. Actuals. A | Cholera. Actuals. D | Cholera. Ratios. A | Cholera. Ratios. D | Smallpox. Actuals. A | Smallpox. Actuals. D | Smallpox. Ratios. A | Smallpox. Ratios. D | Enteric fever. Actuals. A | Enteric fever. Actuals. D | Enteric fever. Ratios. A | Enteric fever. Ratios. D | Malaria. Actuals. A | Malaria. Actuals. D | Malaria. Ratios. A | Malaria. Ratios. D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Madras.** | | | | | | | | | | | | | | | | | | | | | | |
| 1940 | 11,907 | 10 | 189 | .. | 16 | .. | .. | .. | .. | .. | 3 | .. | 0·3 | .. | 2 | 1 | 0·2 | 0·1 | 116 | 1 | 10 | 0·08 |
| 1941 | 14,511 | 11 | 358 | 3 | 24 | 0·2 | .. | .. | .. | .. | 3 | .. | 0·2 | .. | 7 | 4 | 0·5 | 0·3 | 189 | 4 | 13 | 0·3 |
| 1942 | 15,720 | 17 | 274 | .. | 17 | ... | .. | .. | .. | .. | .. | .. | .. | .. | 13 | 2 | 0·8 | 0·1 | 484 | 3 | 31 | 0·2 |
| 1943 | 24,331 | 13 | 163 | 5 | 6·7 | 0·2 | 15 | 9 | 0·6 | 0·4 | 1 | .. | 0·04 | .. | 6 | 1 | 0·2 | 0·04 | 180 | 6 | 7·4 | 0·2 |
| 1944 | 21,012 | 12 | 98 | 1 | 4·7 | 0·05 | .. | .. | .. | .. | 7 | 3 | 0·3 | 0·1 | 3 | .. | 0·1 | .. | 395 | 4 | 19 | 0·2 |
| **Assam.** | | | | | | | | | | | | | | | | | | | | | | |
| 1940 | 3,194 | 19 | 23 | .. | 7 | .. | .. | .. | .. | .. | 2 | .. | 0·6 | .. | 2 | .. | 0·6 | .. | 154 | 4 | 48 | 1·3 |
| 1941 | 3,200 | 18 | 82 | 1 | 26 | 0·3 | .. | .. | .. | .. | .. | .. | .. | .. | 3 | 1 | 0·9 | 0·3 | 203 | 4 | 63 | 1·3 |
| 1942 | 3,357 | 22 | 54 | .. | 16 | .. | .. | .. | .. | .. | .. | .. | .. | .. | 5 | 1 | 1·5 | 0·3 | 368 | 1 | 110 | 0·3 |
| 1943 | 4,112 | 26 | 55 | 1 | 13 | 0·2 | .. | .. | .. | .. | 5 | .. | 1·2 | .. | 18 | .. | 2·6 | .. | 430 | 8 | 105 | 1·9 |
| 1944 | 3,998 | 30 | 44 | 1 | 11 | 0·3 | 2 | 2 | 0·5 | 0·5 | 7 | 1 | 1·8 | 0·3 | 25 | 2 | 3·8 | 0·5 | 486 | 11 | 122 | 2·8 |
| **British India.** | | | | | | | | | | | | | | | | | | | | | | |
| 1940 | 116,314 | 19 | 2,879 | 8 | 24·8 | 0·07 | 9 | 3 | 0·07 | 0·02 | 40 | 4 | 0·3 | 0·03 | 232 | 29 | 2 | 0·2 | 17,056 | 37 | 147 | 0·3 |
| 1941 | 131,356 | 21 | 3,818 | 10 | 29 | 0·1 | 33 | 12 | 0·3 | 0·1 | 43 | 8 | 0·3 | 0·1 | 368 | 37 | 2·8 | 0·3 | 22,514 | 70 | 171 | 0·5 |
| 1942 | 140,770 | 26 | 3,823 | 11 | 27 | 0·08 | 30 | 6 | 0·2 | 0·04 | 21 | 1 | 0·2 | .. | 473 | 54 | 3·4 | 0·4 | 37,217 | 102 | 264 | 0·7 |
| 1943 | 184,411 | 27 | 3,895 | 18 | 21 | 0·1 | 97 | 31 | 0·5 | 0·2 | 114 | 20 | 0·6 | 0·1 | 456 | 43 | 2·5 | 0·2 | 49,153 | 178 | 267 | 1·0 |
| 1944 | 156,456 | 27 | 2,481 | 6 | 16 | 0·04 | 50 | 10 | 0·3 | 0·06 | 217 | 50 | 1·4 | 0·3 | 277 | 39 | 1·8 | 0·3 | 42,437 | 179 | 271 | 1·0 |

| | Average daily population. | Constantly sick. | Pyrexia of uncertain origin. | | | | Tubercle of the lungs. | | | | Pneumonia. | | | | Other respiratory diseases. | | | | Dysentery. | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Actuals. | | Ratios. | | Actuals. | | Ratios. | | Actuals. | | Ratios. | | Actuals. | | Ratios. | | Actuals. | | Ratios. | |
| | | | A | D | A | D | A | D | A | D | A | D | A | D | A | D | A | D | A | D | A | D |
| **N. W. F. P.** | | | | | | | | | | | | | | | | | | | | | | |
| 1940 | 5,489 | 19 | 32 | .. | 6 | .. | 67 | 13 | 12 | 2·4 | 82 | 6 | 15 | 1·1 | 420 | 1 | 77 | 0·2 | 50 | .. | 9 | .. |
| 1941 | 5,534 | 13 | 9 | .. | 1·6 | .. | 55 | 8 | 10 | 1·4 | 90 | 4 | 16 | 0·7 | 376 | 8 | 68 | 1·4 | 75 | .. | 14 | .. |
| 1942 | 5,236 | 50 | 10 | .. | 2 | .. | 74 | 17 | 14 | 3·2 | 156 | 11 | 48 | 2 | 226 | 1 | 43 | 0·2 | 59 | 3 | 11 | 0·6 |
| 1943 | 6,446 | 27 | 14 | .. | 2 | .. | 51 | 16 | 8 | 2·5 | 162 | 7 | 25 | 1 | 221 | 3 | 34 | 0·5 | 59 | 1 | 9 | 0·2 |
| 1944 | 5,231 | 27 | 7 | .. | 1·3 | .. | 67 | 13 | 13 | 2·5 | 87 | 10 | 17 | 2 | 189 | 3 | 36 | 0·6 | 34 | .. | 6·5 | .. |
| **Punjab** | | | | | | | | | | | | | | | | | | | | | | |
| 1940 | 19,826 | 19 | 238 | 1 | 12 | 0·05 | 181 | 37 | 9 | 2 | 154 | 23 | 8 | 1·2 | 566 | 4 | 29 | 0·2 | 134 | 2 | 7 | 0·1 |
| 1941 | 20,318 | 25 | 143 | 3 | 7 | 0·1 | 172 | 40 | 8·4 | 2 | 298 | 32 | 15 | 1·6 | 981 | 6 | 48 | 0·3 | 142 | 2 | 7 | 0·1 |
| 1942 | 21,296 | 31 | 410 | 3 | 19 | 0·1 | 141 | 36 | 6·6 | 2 | 308 | 36 | 14 | 1·7 | 756 | 4 | 35 | 0·2 | 199 | 10 | 9 | 0·5 |
| 1943 | 19,717 | 24 | 312 | 2 | 16 | 0·1 | 99 | 19 | 5 | 1·0 | 184 | 20 | 9 | 1·0 | 433 | 4 | 22 | 0·2 | 94 | 4 | 5 | 0·2 |
| 1944 | 19,372 | 25 | 313 | 5 | 16 | 0·3 | 126 | 23 | 7 | 1·2 | 130 | 10 | 7 | 0·5 | 436 | 10 | 22 | 0·5 | 52 | .. | 3 | .. |
| **U. P.** | | | | | | | | | | | | | | | | | | | | | | |
| 1940 | 30,966 | 16 | 234 | .. | 8 | .. | 141 | 56 | 4·5 | 1·8 | 367 | 60 | 12 | 1·9 | 898 | 17 | 29 | 0·5 | 446 | 10 | 14 | 0·3 |
| 1941 | 38,503 | 17 | 992 | .. | 26 | .. | 171 | 44 | 4·4 | 1·1 | 390 | 68 | 10 | 1·8 | 1,575 | 15 | 41 | 0·4 | 869 | 9 | 23 | 0·2 |
| 1942 | 37,071 | 20 | 1,420 | 5 | 38 | 0·13 | 167 | 40 | 4·5 | 1·1 | 346 | 72 | 9 | 1·9 | 1,542 | 34 | 42 | 0·9 | 894 | 20 | 24 | 0·5 |
| 1943 | 40,318 | 25 | 2,588 | 3 | 64 | 0·07 | 250 | 65 | 6·2 | 1·6 | 486 | 98 | 12 | 2·4 | 1,563 | 42 | 39 | 1·0 | 1,307 | 27 | 32 | 0·7 |
| 1944 | 33,892 | 23 | 634 | 6 | 25 | 0·18 | 225 | 39 | 6·6 | 1·2 | 358 | 38 | 11 | 1·1 | 1,273 | 17 | 38 | 0·5 | 602 | 13 | 20 | 0·4 |
| **Bihar** | | | | | | | | | | | | | | | | | | | | | | |
| 1940 | 10,401 | 18 | 31 | .. | 3 | .. | 71 | 26 | 7 | 2·5 | 105 | 15 | 10 | 1·4 | 263 | 4 | 25 | 0·4 | 401 | 22 | 39 | 3·7 |
| 1941 | 12,004 | 20 | 16 | .. | 1·3 | .. | 98 | 36 | 8 | 3 | 122 | 13 | 10 | 1·1 | 375 | 2 | 31 | 0·2 | 504 | 16 | 42 | 1·3 |
| 1942 | 14,259 | 24 | 6 | .. | 0·4 | .. | 113 | 45 | 8 | 3 | 166 | 25 | 12 | 1·8 | 437 | 4 | 31 | 0·3 | 729 | 39 | 51 | 2·7 |
| 1943 | 26,584 | 36 | 189 | 1 | 7 | 0·04 | 228 | 102 | 9 | 3·8 | 444 | 64 | 17 | 2·4 | 933 | 15 | 35 | 0·6 | 2,094 | 156 | 79 | 5·9 |
| 1944 | 20,866 | 38 | 42 | 1 | 2 | 0·05 | 226 | 112 | 9 | 5·3 | 177 | 29 | 8 | 1·4 | 660 | 14 | 32 | 0·7 | 1,576 | 56 | 76 | 2·7 |
| **Orissa** | | | | | | | | | | | | | | | | | | | | | | |
| 1940 | 1,084 | 25 | 2 | .. | 1·8 | .. | 4 | 3 | 3·7 | 2·8 | 6 | .. | 6 | .. | 14 | .. | 13 | .. | 17 | 2 | 16 | 1·8 |
| 1941 | 1,475 | 19 | 1 | .. | 0·7 | .. | 5 | 2 | 3·4 | 1·4 | 16 | 4 | 11 | 3 | 21 | 1 | 14 | 0·7 | 100 | 4 | 68 | 3 |
| 1942 | 1,549 | 19 | 6 | .. | 3·9 | .. | 10 | 3 | 7 | 1·9 | 9 | 1 | 6 | 0·7 | 33 | 2 | 21 | 1·3 | 61 | 1 | 39 | 0·7 |
| 1943 | 2,171 | 23 | 12 | 1 | 5·5 | 0·5 | 4 | 2 | 2 | 0·9 | 12 | .. | 6 | .. | 25 | 1 | 12 | 0·5 | 47 | 5 | 22 | 2·3 |
| 1944 | 2,321 | 24 | 48 | .. | 2·1 | .. | 7 | 6 | 3 | 2·6 | 45 | 2 | 19 | 0·9 | 52 | 2 | 22 | 0·9 | 177 | 4 | 76 | 1·7 |
| **Bengal** | | | | | | | | | | | | | | | | | | | | | | |
| 1940 | 16,884 | 37 | 66 | .. | 4 | .. | 142 | 40 | 8 | 2·4 | 159 | 26 | 9 | 1·5 | 657 | 9 | 39 | 0·5 | 1,365 | 19 | 81 | 1·1 |
| 1941 | 17,033 | 37 | 218 | .. | 12 | .. | 138 | 21 | 8 | 1·2 | 208 | 28 | 12 | 1·6 | 690 | 5 | 39 | 0·3 | 1,381 | 14 | 78 | 0·8 |
| 1942 | 18,965 | 43 | 81 | .. | 4·3 | .. | 111 | 29 | 5·8 | 1·5 | 136 | 16 | 7·1 | 0·8 | 688 | 15 | 36 | 0·8 | 1,479 | 22 | 78 | 1·2 |
| 1943 | 24,180 | 43 | 307 | 2 | 13 | 0·08 | 188 | 64 | 8 | 2·6 | 562 | 71 | 23 | 2·9 | 634 | 15 | 26 | 0·6 | 2,527 | 103 | 104 | 4·3 |
| 1944 | 20,889 | 47 | 62 | 1 | 3 | 0·05 | 146 | 48 | 7 | 2·3 | 398 | 55 | 19 | 2·6 | 802 | 22 | 38 | 1·1 | 1,497 | 35 | 72 | 1·7 |

TABLE 33.—SICKNESS AND MORTALITY OF ALL CLASSES OF PRISONERS IN DISTRICT AND CENTRAL JAILS IN INDIA—*contd.*

| | Average daily population. | Constantly sick. | Pyrexia of uncertain origin. | | | | Tubercle of the lungs. | | | | Pneumonia. | | | | Other respiratory diseases. | | | | Dysentery. | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Actuals. | | Ratios. | | Actuals. | | Ratios. | | Actuals. | | Ratios. | | Actuals. | | Ratios. | | Actuals. | | Ratios. | |
| | | | A | D | A | D | A | D | A | D | A | D | A | D | A | D | A | D | A | D | A | D |
| **C.P.** | | | | | | | | | | | | | | | | | | | | | | |
| 1940 | 4,603 | 11 | 42 | .. | 9 | .. | 21 | 9 | 5 | 2·0 | 47 | 10 | 10 | 2·2 | 65 | 3 | 14 | 0·7 | 139 | 4 | 30 | 0·9 |
| 1941 | 4,842 | 13 | 66 | .. | 14 | .. | 33 | 9 | 5 | 2·0 | 49 | 12 | 10 | 2·5 | 71 | 5 | 15 | 1·0 | 271 | 7 | 56 | 1·4 |
| 1942 | 6,065 | 21 | 64 | .. | 11 | .. | 25 | 8 | 4 | 1·3 | 49 | 10 | 8 | 1·6 | 62 | 6 | 10 | 1·0 | 721 | 8 | 119 | 1·3 |
| 1943 | 8,652 | 26 | 107 | 3 | 12 | 0·3 | 7 | 2 | 0·8 | 0·2 | 147 | 20 | 16·9 | 2·3 | 293 | 21 | 34 | 2·4 | 648 | 9 | 75 | 1·0 |
| 1944 | 6,523 | 25 | 58 | .. | 9 | .. | 43 | 16 | 7 | 2·5 | 103 | 8 | 15·3 | 1·2 | 192 | 5 | 29 | 0·8 | 463 | 4 | 71 | 0·6 |
| **Bombay.** | | | | | | | | | | | | | | | | | | | | | | |
| 1940 | 7,330 | 15 | 5 | .. | 0·7 | .. | 48 | 10 | 7 | 1·4 | 35 | 4 | 5 | 0·5 | 150 | 2 | 20 | 0·3 | 165 | 1 | 23 | 0·1 |
| 1941 | 9,142 | 16 | .. | .. | .. | .. | 35 | 11 | 4 | 1·2 | 54 | 13 | 6 | 1·4 | 200 | 1 | 22 | 0·1 | 228 | 1 | 25 | 0·1 |
| 1942 | 10,944 | 15 | 14 | .. | 1·3 | .. | 51 | 20 | 5 | 1·8 | 92 | 17 | 8·4 | 1·6 | 301 | 2 | 27 | 0·2 | 324 | 4 | 29·6 | 0·4 |
| 1943 | 18,490 | 17 | 30 | .. | 1·6 | .. | 85 | 25 | 5 | 1·4 | 110 | 15 | 6·0 | 0·8 | 365 | 7 | 20 | 0·4 | 443 | 2 | 24 | 0·1 |
| 1944 | 13,796 | 16 | 31 | .. | 1·2 | .. | 85 | 19 | 6·1 | 1·4 | 75 | 6 | 5·4 | 0·4 | 267 | 3 | 19 | 0·2 | 262 | 2 | 18 | 0·1 |
| **Sind.** | | | | | | | | | | | | | | | | | | | | | | |
| 1940 | 4,630 | 17 | .. | .. | .. | .. | 14 | 5 | 3 | 1·1 | 85 | 6 | 18 | 1·3 | 132 | 1 | 29 | 0·2 | 260 | 5 | 56 | 1·1 |
| 1941 | 4,193 | 18 | 3 | .. | 0·7 | .. | 10 | 2 | 2·5 | 0·5 | 106 | 5 | 25 | 1·2 | 93 | 3 | 22 | 0·7 | 258 | 4 | 61 | 1·0 |
| 1942 | 6,303 | 22 | .. | .. | .. | .. | 7 | 5 | 1·0 | 0·8 | 351 | 53 | 56 | 8·4 | 269 | 7 | 43 | 1·1 | 439 | 3 | 70 | 0·5 |
| 1943 | 9,410 | 25 | 8 | .. | 0·8 | .. | 2 | .. | 0·2 | .. | 566 | 115 | 60 | 12·2 | 237 | 3 | 25 | 0·3 | 886 | 22 | 94 | 2·3 |
| 1944 | 8,556 | 24 | 11 | .. | 1·2 | .. | 17 | 14 | 2 | 1·6 | 170 | 32 | 20 | 3·7 | 247 | 5 | 29 | 0·6 | 855 | 15 | 100 | 1·6 |
| **Madras.** | | | | | | | | | | | | | | | | | | | | | | |
| 1940 | 11,907 | 10 | 33 | .. | 3 | .. | 61 | 23 | 5 | 1·9 | 66 | 24 | 6 | 2·0 | 90 | 3 | 8 | 0·4 | 133 | 7 | 11 | 0·6 |
| 1941 | 14,511 | 11 | 76 | .. | 5 | .. | 138 | 15 | 10 | 1·0 | 93 | 29 | 6 | 2·0 | 179 | 4 | 12 | 0·3 | 258 | 4 | 18 | 0·3 |
| 1942 | 15,720 | 17 | 121 | 1 | 8 | 0·6 | 140 | 23 | 9 | 1·5 | 65 | 14 | 4 | 0·9 | 148 | 9 | 9 | 0·6 | 123 | 6 | 8 | 0·4 |
| 1943 | 24,331 | 13 | 137 | .. | 5·6 | .. | 118 | 45 | 5 | 1·9 | 112 | 25 | 5 | 1·0 | 181 | 10 | 7 | 0·4 | 149 | 9 | 6 | 0·4 |
| 1944 | 21,012 | 12 | 113 | 2 | 5 | 0·09 | 86 | 44 | 4 | 2·1 | 65 | 10 | 3 | 0·5 | 173 | 19 | 9 | 0·9 | 157 | 9 | 8 | 0·4 |
| **Assam.** | | | | | | | | | | | | | | | | | | | | | | |
| 1940 | 3,194 | 19 | .. | .. | .. | .. | 30 | 11 | 9 | 3·4 | 48 | 9 | 15 | 2·8 | 122 | 2 | 38 | 0·6 | 191 | 10 | 60 | 3·1 |
| 1941 | 3,200 | 18 | 13 | .. | 4 | .. | 15 | 5 | 5 | 1·6 | 49 | 7 | 15 | 2·1 | 115 | 2 | 36 | 0·6 | 225 | 7 | 70 | 2·2 |
| 1942 | 3,357 | 22 | 16 | .. | 5 | .. | 26 | 8 | 8 | 2·4 | 31 | 7 | 9 | 2·1 | 151 | 6 | 45 | 1·8 | 316 | 16 | 94 | 4·7 |
| 1943 | 4,112 | 26 | 17 | .. | 4 | .. | 21 | 10 | 5 | 2·4 | 54 | 11 | 13 | 2·7 | 124 | 2 | 30 | 0·5 | 338 | 23 | 82 | 5·6 |
| 1944 | 3,998 | 30 | 53 | 1 | 15 | 0·3 | 10 | 7 | 3 | 1·8 | 52 | 7 | 13 | 1·8 | 71 | 5 | 18 | 1·3 | 588 | 46 | 147 | 11·5 |
| **British India.** | | | | | | | | | | | | | | | | | | | | | | |
| 1940 | 116,314 | 19 | 633 | 1 | 6 | 0·01 | 780 | 233 | 6·7 | 2·0 | 1,151 | 183 | 10 | 1·6 | 3,386 | 46 | 29 | 0·4 | 3,301 | 82 | 28 | 0·7 |
| 1941 | 131,356 | 21 | 1,537 | 3 | 12 | 0·02 | 870 | 193 | 6·6 | 1·5 | 1,475 | 215 | 11 | 1·6 | 4,366 | 52 | 36 | 0·4 | 4,311 | 68 | 33 | 0·5 |
| 1942 | 140,770 | 26 | 2,148 | 9 | 15 | 0·06 | 895 | 234 | 6·0 | 1·7 | 1,709 | 262 | 12 | 1·9 | 4,613 | 90 | 33 | 0·6 | 5,344 | 132 | 38 | 1·0 |
| 1943 | 184,411 | 27 | 3,721 | 12 | 20 | 0·06 | 1,053 | 350 | 5·7 | 1·9 | 2,839 | 446 | 15 | 2·4 | 5,014 | 123 | 27 | 0·7 | 8,592 | 361 | 47 | 2·0 |
| 1944 | 156,456 | 27 | 1,577 | 16 | 10 | 0·1 | 1,038 | 341 | 6·6 | 2·2 | 1,657 | 207 | 11 | 1·3 | 4,367 | 105 | 28 | 0·7 | 6,323 | 184 | 40 | 1·2 |

| | Average daily population. | Constantly sick. | Diarrhoea. | | | | Anaemia & debility. | | | | All Causes. | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Actuals. | | Ratios. | | Actuals. | | Ratios. | | Actuals. | | Ratios. | |
| | | | A | D | A | D | A | D | A | D | A | D | A | D |
| **N. W. F. P.** | | | | | | | | | | | | | | |
| 1940 | 5,489 | 19 | 8 | .. | ·5 | .. | 19 | .. | 3·5 | .. | 3,106 | 41 | 566 | 7·5 |
| 1941 | 5,534 | 23 | 29 | .. | 5 | .. | 30 | .. | 5 | .. | 3,771 | 30 | 681 | 5·4 |
| 1942 | 5,236 | 30 | 37 | 1 | 7 | 0·2 | 20 | 2 | 4 | 0·4 | 4,532 | 68 | 866 | 13 |
| 1943 | 6,446 | 27 | 63 | 1 | 10 | 0·2 | 19 | 1 | 3 | 0·2 | 4,449 | 55 | 690 | 8·5 |
| 1944 | 5,231 | 27 | 51 | .. | 10 | .. | 56 | .. | 11 | .. | 3,164 | 41 | 604 | 7·8 |
| **Punjab.** | | | | | | | | | | | | | | |
| 1940 | 19,826 | 19 | 145 | 4 | 7 | 0·2 | 124 | 5 | 6 | 0·3 | 11,374 | 133 | 574 | 7 |
| 1941 | 20,318 | 25 | 180 | 4 | 9 | 0·2 | 129 | 2 | 6 | 0·1 | 17,083 | 191 | 841 | 9 |
| 1942 | 21,296 | 31 | 226 | 14 | 10 | 0·7 | 254 | 10 | 12 | 0·5 | 20,068 | 252 | 942 | 12 |
| 1943 | 19,717 | 24 | 216 | 10 | 11 | 0·5 | 183 | 7 | 9 | 0·4 | 16,437 | 169 | 834 | 8·2 |
| 1944 | 19,372 | 25 | 233 | 5 | 12 | 0·3 | 186 | 7 | 10 | 0·4 | 17,030 | 155 | 879 | 8 |
| **U. P.** | | | | | | | | | | | | | | |
| 1940 | 30,966 | 16 | 240 | 6 | 8 | 0·2 | 205 | 8 | 7 | 0·3 | 12,265 | 262 | 396 | 8 |
| 1941 | 38,503 | 17 | 517 | 5 | 13 | 0·1 | 328 | 7 | 9 | 0·2 | 18,504 | 283 | 481 | 7 |
| 1942 | 37,071 | 20 | 463 | 16 | 12·5 | 0·4 | 264 | 8 | 7 | 0·2 | 21,027 | 390 | 583 | 10·5 |
| 1943 | 40,318 | 25 | 1,057 | 49 | 26·2 | 1·2 | 562 | 20 | 14 | 0·5 | 33,500 | 511 | 881 | 12·7 |
| 1944 | 33,892 | 23 | 723 | 21 | 21·3 | 0·6 | 484 | 15 | 14 | 0·4 | 21,165 | 285 | 624 | 8·4 |
| **Bihar.** | | | | | | | | | | | | | | |
| 1940 | 10,401 | 18 | 88 | .. | 8 | .. | 15 | 1 | 1·5 | 0·1 | 2,771 | 137 | 266 | 13 |
| 1941 | 12,004 | 20 | 116 | .. | 10 | .. | 52 | 4 | 4·3 | 0·3 | 3,648 | 143 | 304 | 12 |
| 1942 | 14,259 | 24 | 221 | .. | 16 | .. | 34 | .. | 2·4 | .. | 4,955 | 215 | 347 | 15 |
| 1943 | 26,584 | 36 | 483 | 8 | 18 | 0·1 | 137 | 6 | 5·2 | 0·2 | 12,232 | 549 | 460 | 20·6 |
| 1944 | 20,866 | 38 | 275 | 3 | 13 | 0·1 | 128 | 5 | 6·1 | 0·2 | 8,587 | 356 | 411 | 17 |

TABLE 38.—SICKNESS AND MORTALITY OF ALL CLASSES OF PRISONERS IN DISTRICT AND CENTRAL JAILS IN INDIA—*contd.*

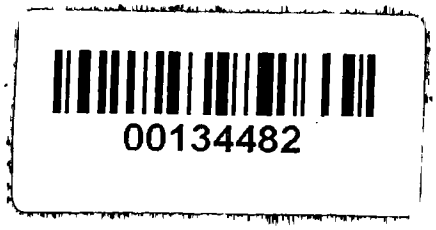
| | Average daily population. | Constantly sick. | Diarrhoea. | | | | Anaemia & debility. | | | | All Causes. | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Actuals. | | Ratios. | | Actuals. | | Ratios. | | Actuals. | | Ratios. | |
| | | | A | D | A | D | A | D | A | D | A | D | A | D |
| **Orissa.** | | | | | | | | | | | | | | |
| 1940 | 1,084 | 25 | 8 | .. | 7 | .. | 12 | 1 | 11 | 0·9 | 340 | 13 | 314 | 12 |
| 1941 | 1,476 | 19 | 21 | .. | 14 | .. | 4 | 1 | 3 | 0·7 | 535 | 29 | 362 | 20 |
| 1942 | 1,549 | 19 | 24 | .. | 15·5 | .. | 6 | .. | 4 | .. | 741 | 10 | 478 | 6·5 |
| 1943 | 2,171 | 23 | 136 | .. | 63 | .. | 15 | .. | 7 | .. | 1,292 | 20 | 595 | 9·2 |
| 1944 | 2,321 | 24 | 121 | 2 | 52 | 0·9 | 25 | .. | 11 | .. | 1,736 | 27 | 748 | 11·6 |
| **Bengal.** | | | | | | | | | | | | | | |
| 1940 | 16,884 | 37 | 621 | 2 | 37 | 0·1 | 441 | 10 | 26 | 0·6 | 16,488 | 169 | 977 | 10 |
| 1941 | 17,633 | 37 | 701 | 4 | 40 | 0·2 | 586 | 16 | 33 | 0·9 | 17,874 | 193 | 1,014 | 11 |
| 1942 | 18,965 | 43 | 581 | 2 | 31 | 0·1 | 456 | 19 | 24 | 1·0 | 18,267 | 183 | 963 | 9·6 |
| 1943 | 24,180 | 43 | 778 | 12 | 32 | 0·5 | 607 | 42 | 25 | 1·7 | 28,713 | 586 | 1,187 | 24·2 |
| 1944 | 20,889 | 47 | 776 | 13 | 37 | 0·6 | 740 | 79 | 35 | 3·8 | 24,185 | 512 | 1,158 | 24·5 |
| **C. P.** | | | | | | | | | | | | | | |
| 1940 | 4,603 | 11 | 54 | .. | 12 | .. | 54 | 5 | 12 | 1 | 1,347 | 54 | 293 | 12 |
| 1941 | 4,842 | 13 | 145 | .. | 30 | .. | 52 | 7 | 11 | 1·4 | 1,837 | 72 | 379 | 15 |
| 1942 | 6,065 | 21 | 101 | .. | 16·7 | .. | 68 | 7 | 10 | 1·2 | 3,447 | 69 | 568 | 11·4 |
| 1943 | 8,652 | 26 | 224 | 12 | 26 | 1·4 | 54* | 6 | 6 | 0·7 | 5,288 | 128 | 611 | 14·8 |
| 1944 | 6,523 | 25 | 136 | 4 | 21 | 0·6 | 114 | 13 | 18 | 2·0 | 3,995 | 91 | 612 | 14·0 |
| **Bombay.** | | | | | | | | | | | | | | |
| 1940 | 7,330 | 15 | 86 | 1 | 12 | 0·1 | 59 | 1 | 8 | 0·1 | 3,393 | 51 | 463 | 7 |
| 1941 | 9,142 | 16 | 192 | 1 | 21 | 0·1 | 82 | .. | 9 | .. | 4,340 | 57 | 475 | 6 |
| 1942 | 10,944 | 15 | 442 | 5 | 40·4 | 0·5 | 89 | 2 | 8 | 0·2 | 5,668 | 114 | 518 | 10·4 |
| 1943 | 18,490 | 17 | 704 | 1 | 38 | 0·07 | 282 | 4 | 15·3 | 0·2 | 9,567 | 118 | 517 | 6·4 |
| 1944 | 13,796 | 16 | 399 | 4 | 29 | 0·3 | 183 | 8 | 13·3 | 0·6 | 8,453 | 90 | 612 | 6·5 |

* Only Anaemia.

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Sind.** | | | | | | | | | | | | | | | |
| 1940 | . | . | 4,630 | 17 | 58 | .. | 13 | .. | 23 | .. | 5 | .. | 3,026 | 37 | 654 | 8 |
| 1941 | . | . | 4,193 | 18 | 57 | 3 | 14 | 0·7 | 20 | .. | 5 | .. | 2,392 | 35 | 570 | 8 |
| 1942 | . | . | 6,308 | 22 | 139 | 14 | 22 | 2·2 | 69 | 7 | 11 | 1·1 | 5,111 | 135 | 810 | 21·4 |
| 1943 | . | . | 9,410 | 25 | 301 | 66 | 32 | 7 | 172 | 14 | 18 | 1·5 | 7,238 | 322 | 769 | 34·2 |
| 1944 | . | . | 8,556 | 24 | 212 | 22 | 25 | 2·6 | 127 | 15 | 15 | 1·8 | 6,840 | 195 | 799 | 22·8 |
| **Madras.** | | | | | | | | | | | | | | | | |
| 1940 | . | . | 11,907 | 10 | 17 | 3 | 1 | 0·3 | 40 | 4 | 3 | 0·3 | 1,697 | 104 | 143 | 9 |
| 1941 | . | . | 14,511 | 11 | 58 | 4 | 4 | 0·3 | 67 | 3 | 5 | 0·2 | 3,153 | 145 | 217 | 10 |
| 1942 | . | . | 15,720 | 17 | 113 | 13 | 7 | 0·8 | 165 | 5 | 10·5 | 0·4 | 3,751 | 182 | 239 | 11·6 |
| 1943 | . | . | 24,331 | 13 | 41 | 3 | 1·7 | 0·1 | 81 | 8 | 3·3 | 0·3 | 3,569 | 308 | 147 | 12·7 |
| 1944 | . | . | 21,012 | 12 | 56 | 5 | 2·7 | 0·2 | 178 | 14 | 8·5 | 0·6 | 3,457 | 294 | 165 | 16·0 |
| **Assam.** | | | | | | | | | | | | | | | | |
| 1940 | . | . | 3,194 | 19 | 15 | 1 | 5 | 0·3 | 31 | 1 | 10 | 0·3 | 816 | 56 | 255 | 18 |
| 1941 | . | . | 3,200 | 18 | 24 | 1 | 8 | 0·3 | 21 | 3 | 7 | 0·9 | 980 | 49 | 306 | 15 |
| 1942 | . | . | 3,357 | 22 | 19 | .. | 5·7 | .. | 24 | 1 | 7 | 0·3 | 1,328 | 68 | 396 | 20 |
| 1943 | . | . | 4,112 | 26 | 28 | 1 | 7 | 0·2 | 46 | 7 | 11 | 1·7 | 1,574 | 96 | 383 | 23 |
| 1944 | . | . | 3,998 | 30 | 37 | 3 | 9 | 0·8 | 76 | 19 | 19 | 4·8 | 1,890 | 134 | 473 | 34 |
| **British India.** | | | | | | | | | | | | | | | | |
| 1940 | . | . | 116,314 | 19 | 1,340 | 17 | 11·5 | 0·1 | 1,023 | 36 | 9 | 0·3 | 56,623 | 1,057 | 487 | 9 |
| 1941 | . | . | 131,356 | 21 | 2,040 | 22 | 15·5 | 0·2 | 1,371 | 43 | 10 | 0·3 | 74,117 | 1,227 | 564 | 9 |
| 1942 | . | . | 140,770 | 26 | 2,366 | 65 | 16·8 | 0·5 | 1,449 | 61 | 10·3 | 0·4 | 89,495 | 1,686 | 636 | 12 |
| 1943 | . | . | 184,411 | 27 | 4,031 | 158 | 21·9 | 0·9 | 2,158 | 115 | 11·7 | 0·6 | 123,859 | 2,862 | 672 | 15·5 |
| 1944 | . | . | 156,456 | 27 | 3,019 | 82 | 19 | 0·5 | 2,297 | 175 | 14·7 | 1·1 | 100,502 | 2,180 | 642 | 14 |



M4PHC—1,200—11-5-47.. GIPS

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Annual report of the public health commissioner with the Govt. of India

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